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ABSTRACT

This report presents an approach to welfare reform using the welfare-to-work programs possible under the Job Opportunities and Basic Skills Training (JOBS) portion of the Family Support Act. The document describes how state and local governments can design and implement two-generation interventions that combine services to help parents achieve self-sufficiency with supports for children's healthy development and school success. Part I describes the following six basic elements of a two-generation intervention and options for program design: (1) assessment of child and family needs; (2) high quality child care and early childhood education; (3) services that strengthen parenting; (4) preventive health services for children and parents; (5) self-sufficiency services leading to parental employment; and (6) case management. Part II profiles the following eight programs that currently deliver two-generation services under the Family Support Act: (1) Kentucky JOBS Program; (2) Hawaii JOBS Program; (3) Denver (Colorado) Family Opportunity Program; (4) Baltimore (Maryland) LOCATE Service; (5) Child Care Planning for JOBS in the Illinois Department of Public Aid; (6) Philadelphia (Pennsylvania) JOBS' Collaboration with Head Start; (7) Tampa (Florida) JOBS Programs: Orientations on Preventive Health Care; and (8) Portland (Oregon) Teen Parent Program. Contact person information is included. Part III contains information about 18 organizations as resources that may be useful in ongoing work to create two-generation self-sufficiency programs including organizations that are providing technical assistance and projects that are tracking and disseminating information about JOBS and related programs. Included are 48 endnotes and an appendix containing a background and synopsis of the JOBS program. (JB)

PATHWAYS TO SELF-SUFFICIENCY FOR TWO GENERATIONS

DESIGNING WELFARE-TO-WORK PROGRAMS THAT STRENGTHEN FAMILIES AND BENEFIT CHILDREN

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Pathways To Self-Sufficiency For Two Generations:

Designing Welfare-to-Work Programs That Benefit Children and Strengthen Families

Sheila Smith
Susan Blank
Ray Collins

Foundation for Child Development

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The Foundation for Child Development supports policy, research and service programs that address the needs of poor children and their families. Currently, the foundation is focusing part of its program on the Family Support Act.

Foundation for Child Development
345 East 46th Street, Room 700
New York, New York 10017

Project Advisors

Barbara Dyer
Council of Governors' Policy Advisors

Janice Earle
The National Science Foundation (formerly with National Association of State Boards of Education)

Richard Ferreira
American Public Welfare Association

Robert E. Fulton
National Center for Children in Poverty/Columbia University

Mark Greenberg
Center for Law and Social Policy

Jan L. Hagen
School of Social Work, State University of New York at Albany

Nancy Kolben
Child Care, Inc.

Jodie Levin-Epstein
Center for Law and Social Policy

Peggy Pizzo
National Center for Clinical Infant Programs

Gloria G. Rodriguez
Avance Family Support and Educational Program

Jeffrey Rosenberg
Office of Public Affairs, U.S. Department of Health and Human Services

Kay Sherwood
Manpower Demonstration Research Corporation

Don José Stovall
Philadelphia County Assistance Office

Valora Washington
W.K. Kellogg Foundation

Heather Weiss
Harvard Graduate School of Education

Aletha R. Wright
New Jersey State Office of Child Care Development

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The Authors

Table of Contents

Preface 1

Overview of the Report 3

Introduction
Breaking the Intergenerational Cycle of Poverty with Two-Generation Programs 5

Part I
Components of A Two-Generation Intervention 11

Part II
Site Profiles 27

The Kentucky JOBS Program 28

The Hawaii JOBS Program 36

The Denver Family Opportunity Program 42

The Baltimore LOCATE Service 49

Child Care Planning for JOBS in the Illinois Department of Public Aid 56

Philadelphia JOBS' Collaboration with Head Start 62

Tampa, Florida JOBS Programs: Orientations on Preventive Health Care 68

The Portland, Oregon Teen Parent Program 71

Part III
Sources of Information and Technical Assistance 79

Conclusion 89

Endnotes 93

Appendix
The JOBS Program: Background and Synopsis 97

Preface

This report reflects the foundation's ongoing interest in welfare reform as a vehicle for improving the life chances of disadvantaged children. To advance that interest, the foundation has focused a portion of its program on the Family Support Act (FSA). This federal law, enacted in 1988, is designed to strengthen the nation's child support enforcement system, to help welfare recipients move into the labor market, and to provide them with support services to facilitate that transition. Building on innovations developed in a number of states during the 1980's, FSA created a federal program called JOBS that is designed to help recipients of Aid to Families with Dependent Children (AFDC) become self-sufficient. Under JOBS (Job Opportunities and Basic Skills Training) states are required to develop welfare-to-work programs that will serve an increasing proportion of welfare-dependent families over the next several years.

While much of the discussion about JOBS has centered on its capacity to improve the employment status of AFDC recipients, the foundation's principal concern has been the potential impact of FSA on the well-being of children. In 1989 we convened a multidisciplinary forum of scholars and policymakers to examine the range of possible effects, both positive and negative, that FSA might have on at-risk children and their families. Attendees at the Forum on Children and the Family Support Act recognized that participation in a welfare-to-work program might create new problems for children by adding strains to family life or by exposing children to poor substitute care arrangements. At the same time, there was agreement that under the right circumstances these programs could be powerful catalysts for enhancing the well-being of children and improving their health and educational outcomes.

The forum discussions highlighted provisions of JOBS that could be used, in combination with FSA's child support measures, to maximize the law's potential to benefit children. These opportunities are described in *One Program, Two Generations*, a report of the forum prepared by the foundation in partnership with the National Center for Children in Poverty. This report was disseminated during the earliest stages of JOBS implementation. It therefore presented a vision of JOBS services in the absence of much evidence that welfare-to-work programs could incorporate supports for chil-

dren's development. Subsequently, the foundation received many inquiries about what strategies were actually being used to create JOBS programs that can respond to the needs of children.

Pathways to Self-Sufficiency addresses that question. The state and local innovations described in this report provide clear evidence of the feasibility of designing welfare-to-work programs that pursue the dual goals of economic self-sufficiency for families and healthy development of children. These pioneer initiatives represent important first steps toward realizing the hope that welfare reform will truly help at-risk children, rather than harm them or leave them untouched, and hence at continued risk of poor outcomes.

We recognize that it is a significant challenge to maintain a focus on children's needs during the development and expansion of welfare-to-work programs. This challenge may be nearly overwhelming in an era of budget constraints that make it difficult to provide even basic education, training, and support services for adult participants. Nevertheless, accumulated knowledge about the prerequisites of healthy child development argues for vigorous attention to children's need for nurturing parental support, a stimulating home environment that affords opportunities to learn, access to preventive health care, and high quality child care. This knowledge strongly suggests that if children's basic needs are neglected in welfare-to-work programs, the investment in parents' self-sufficiency will be squandered. Neither society nor individual families will be better off if parents are helped to move from welfare to employment, but children fail to attain the competencies they need to become productive adults.

This report presents some of the new pathways, made possible by the Family Support Act, that place both children and parents on the road to self-sufficiency.

Barbara B. Blum
President
Foundation for Child Development

Overview of the Report

This report was written for a diverse audience of decisionmakers, program managers, and advocates who are concerned about at-risk children and the potential of welfare reform to improve their well-being and life outcomes. The central message of the report is that opportunities now exist to try out a fundamentally new way to assist families on welfare. Using the JOBS program established under the Family Support Act as an anchor point, it is now possible to design and implement two-generation interventions.

Programs for welfare-dependent families have traditionally focused on either adult employment needs or on parenting and child development. A two-generation intervention integrates services to address both these sets of needs. It provides immediate supports for children's development such as high quality child care and preventive health services, while also enhancing key family resources—parental education, employability, and income—that can sustain children's early gains. In this way, two-generation programs place both children and parents on a path to self-sufficiency.

This report presents:

- a description of the basic elements of a two-generation intervention and options for program design
- profiles of current efforts to deliver two-generation services under the Family Support Act
- information about resources that may be useful in ongoing work to create two-generation self-sufficiency programs

Introduction
Breaking the Intergenerational Cycle of Poverty with Two-Generation Programs

Poverty is a legacy too often passed along from one generation to the next when families are denied basic supports that promote good health, opportunities to participate in productive work and community life, and, above all, belief in a better future. Intergenerational poverty is arguably the most serious problem facing American society. It severely weakens the ability of each new generation to contribute to the nation's strength and a quality of life dependent upon individual initiative, social concern, and personal responsibility. A few facts about poor families and children in the United States reflect the dimensions of the problem:

- Young women who experienced long bouts of family welfare dependency as children have been found to be twice as likely to receive welfare as adults.[1]
- Children in poor families, whether or not they receive AFDC, are at high risk of poor social adjustment and school failure, **outcomes that predict poverty in adulthood**.[2]
  - Δ By the teen years, 36 percent of AFDC children and 32 percent of poor, non-welfare teens have repeated a grade.
  - Δ 23 percent of AFDC teens and 22 percent of poor, non-welfare teens have been suspended or expelled from school.
- As a growing number of children are raised in economically disadvantaged families, the transmission of poverty from one generation to the next threatens an ever-expanding population of American families.[3]

- Δ From 1970 to 1990 the child poverty rate rose from 16 percent to 20 percent.
- Δ The poverty rate for children under age 3, a particularly vulnerable group, is now 25 percent.

A New Strategy for Assisting Families on AFDC

At a time when the futures of so many children are in jeopardy, it is important to recognize and act on new opportunities to improve the prospects of families in poverty. A potentially powerful strategy for breaking the cycle of intergenerational poverty is emerging in welfare-to-work programs across the country. These programs are combining assistance to help parents move from welfare to work with other supports for children's healthy development.

As two-generation interventions, these programs can reduce both immediate and longer-term risk factors in children's lives, greatly improving their chances to acquire the competencies they need to grow up to be productive, self-sufficient adults. In the short term, two-generation programs can promote conditions for healthy child development by working to ensure that children receive preventive health care; that parents possess information and support to enable them to nurture and teach their children; that children experience stable, high quality child care and early childhood education; and that basic family needs such as adequate housing and safety are met. Over time, the education and job training activities of a welfare-to-work program can lead to improvements in parents' education level, employment status, and income, thereby strengthening long-term family supports for children's well-being.

The JOBS Program as a Catalyst for Two-Generation Programs

The JOBS program, established by the Family Support Act (FSA) of 1988, creates important new opportunities to develop and expand two-generation interventions. (See Appendix for a synopsis of the JOBS program.) JOBS provides a significant amount of new funding for services that are essential to the design of a two-generation program: (1) education, skills training, and job-readiness activities, (2) child care while parents are participating in these activities and for one year after they lose

AFDC benefits due to employment earnings, (3) transitional Medicaid benefits for one year after a family leaves AFDC, and (4) case management that could potentially link children and families to a range of needed services.

Other JOBS provisions can also promote a two-generation strategy. FSA requires that JOBS conduct an initial assessment of each participant. This assessment is intended to identify barriers to employment, as well as skills, interests, and personal circumstances that should be considered in developing an employability plan. Inquiries about special needs of children and family problems that affect children's well-being may also be included in this assessment. In addition, federal program regulations require that the employability plan describe family needs that might be met by JOBS.

Perhaps the most important way in which JOBS can be a catalyst for two-generation interventions is through its mandate to serve clients by coordinating new and existing services. The program's emphasis on service coordination has stimulated many new cross-agency collaborations at the state and local level. Among the program collaborations highlighted in this report are linkages between JOBS and comprehensive programs for teen parents; Head Start; child care resource and referral services; and the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

The Goals of JOBS Are Compatible with the Goals of a Two-Generation Program

JOBS encourages the provision of services that represent an investment in "human capital"—the knowledge and skills needed to enter the work world, earn a living wage, and maintain self-sufficiency. Compared with earlier welfare-to-work programs, JOBS places a much stronger emphasis on education and training that can lead to long-term improvements in family economic conditions.[4] This long-range perspective is highly compatible with a two-generation intervention designed to place both parents and children on a path to self-sufficiency. Moreover, there is some evidence that if an intervention is focused on children's well-being and their future, it can motivate parents to participate in self-sufficiency activities, increasing the chance that they will be successful in moving from welfare to work.[5]

Two-Generation Welfare-To-Work Programs Can Help Achieve the Goals of Current Education and Human Service Reforms

A growing number of reforms and demonstrations are seeking to improve the health, educational, and developmental outcomes of at-risk children by restructuring the major systems that touch the lives of vulnerable families. Initiated recently by state and federal agencies, these efforts range from new programs to ensure adequate health care for all children to bold changes in the financing, management, and mission of public schools and the child welfare system. In these and other arenas of reform there is an imperative to prevent damage to children's healthy development and strengthen families' capacity to provide the critical supports children need to realize their full potential.[6]

Moreover, many recent state and federal initiatives recognize the interrelatedness of the problems that children and families in poverty often experience and the consequent value of coordinating different forms of assistance needed to overcome these problems. For example, through technical assistance and other activities the U.S. Department of Health and Human Services is promoting the creation of integrated service systems that make it easier for families to obtain assistance to address diverse, but commonly co-occurring needs including health, housing, employment, and child care.[7] In a project sponsored by the Council of Governors' Policy Advisors, teams of representatives from the major human service systems in several states are charting plans to develop more comprehensive, flexible strategies for meeting the needs of poor families.[8]

In view of these trends, it makes sense to join welfare reform efforts to other broad policy initiatives that affect at-risk children and their families. To the extent that welfare-to-work programs ignore the needs of children, these programs will work at cross-purposes with other reforms. Alternatively, the use of a two-generation strategy for helping families achieve economic self-sufficiency can provide strong support for current health, education, and social service reforms, and contribute to a much needed coherence in social policy affecting low-income families.

Organization and Background of Report

Part I of this report examines the components of a two-generation intervention and strategies for making these services available to JOBS participants and their children. Brief descriptions of programs now operating

under FSA illustrate these strategies. **Part II** presents more detailed profiles of eight current efforts to move toward a two-generation model of intervention. These efforts include: (1) planning at the state and local level to enhance supports for children whose parents participate in JOBS, (2) promising service linkages between JOBS and programs for children and families, and (3) exemplary services for teen parents, a target group with special needs. **Part III** describes sources of current information and technical assistance that may be helpful in designing and implementing two-generation interventions. The report concludes with a set of program indicators that summarize important features of two-generation programs.

Several sources were used to identify the exemplary programs and practices described in this report. Initial leads about promising programs that reflect a two-generation intervention strategy were found in documents issued by organizations involved in monitoring JOBS implementation. Project advisors also suggested sites. Pursuing these leads, project staff gathered information from a variety of programs through telephone interviews with policy staff, administrators, and front-line workers. Written materials, such as statements of program goals and assessment protocols, were also reviewed.

With the exceptions of Florida (EPSDT outreach) and Illinois (child care planning by the Department of Public Aid), site visits were made to the programs that are profiled in Part II. During these visits, key planners and program staff were interviewed, and program operations, to the extent feasible, were observed. In both the site visits and telephone contacts, project staff sought program informants' views about current practices and possible changes in policies and services that could increase their benefits for parents and children.

Part I
Components of a Two-Generation Intervention

Six basic elements of a two-generation intervention are discussed in this section: (1) assessment of child and family needs, (2) high quality child care and early childhood education, (3) services that strengthen parenting, (4) preventive health services for children and parents, (5) self-sufficiency services leading to employment that can lift a family out of poverty, and (6) case management.

Together, these elements can promote conditions in the family and in out-of-home care and educational settings that contribute to the child's healthy development and success in school. Two basic strategies can be used to design two-generation programs that integrate these supports. First, the JOBS program can be coordinated with child and family services, including early childhood and preventive health programs. Often such linkages greatly extend supports and potential benefits to families and children, but do not require significant new resources. Second, certain services and practices within the JOBS program, such as assessment and case management, can be strengthened in ways that increase the program's capacity to enhance the well-being of families and children. Both strategies are discussed in this section.

Element One: Assessment of Child and Family Needs

Two-generation programs can incorporate several means of identifying and monitoring important child and family needs. Highlighted here are opportunities to examine child and family needs in the JOBS employability assessment and in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which can be coordinated with JOBS.

Initial Assessment

The JOBS employability assessment provides an opportunity for reviewing needs and circumstances of the family that can affect both the parent's ability to participate in JOBS and the well-being of her children. A mandated component of JOBS, it may involve formal and informal assessments of the parent's education level, skills proficiencies, and employment experience as well as a review of personal circumstances and supports that are needed to help ensure the parent's successful participation in JOBS. This assessment can be expanded to identify basic needs of the family and children. Developing a JOBS employability assessment that provides a window to broader child and family needs is an important first step toward transforming JOBS into a two-generation intervention.

As a key element of a two-generation intervention, the assessment should pay particular attention to conditions in the family and outside the home that affect children's health and development. Since many young children of JOBS participants will not be enrolled in school, the assessment is particularly useful for identifying health and educational needs that might not otherwise receive early attention. The following topics, drawn from exemplary JOBS assessment protocols, suggest areas to examine in the initial assessment interview:[9]

Family Circumstances That Affect Children's Well-Being

- Is the family able to meet basic needs—for housing, food, utilities, and clothing?
- Are there relationships that involve conflict or violence? Is the child safe from abuse or neglect?
- Do any family members have problems with drugs or alcohol?
- Does the home environment provide a safe and stimulating place for the child to play? What toys and books are available? What activities does the child enjoy with different family members or friends of the family?

Parenting Strengths and Concerns

- Which aspects of parenting are most enjoyable and which are most difficult (e.g., basic caregiving, play, teaching)? How does the parent handle difficult times? Who is available to help the parent on a routine basis?
- Does the parent have concerns about the child in any of the following areas?

- Δ health
- Δ relationship to the parent or others
- Δ behavior and development (e.g., not sleeping, eating, or responding the way the parent would like; delayed motor and language skills)
- Δ adjustment in school

What does the parent think might help?

- Does the parent sometimes (or often) feel sad or worried? What seems to help?

Health Care of Child and Parent

- Does the child receive regular health care? Is the child immunized? Is the child enrolled in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program?
- If the child has disabilities, are the necessary special services being provided?
- How is the parent's health? Does the parent have a provider for regular health care?
- Does the parent need assistance with family planning?
- Does the parent need help for any special health problems, including substance abuse?

Child Care

- What qualities of child care are important to the parent?(Consider characteristics of the setting, the caregiver, and daily activities in the care arrangement.)
- What are the parent's options, including early childhood programs such as Head Start?
- What personal and family circumstances should be considered in helping the parent find suitable child care? (For example, substance abuse by a family member, safety problems in the home, and other problems might seriously detract from the suitability of relative care in the home. In contrast, a family member's interest in providing part-time care might increase child care options, allowing the child to participate in a part-day early childhood program.)
- If the JOBS program is linked to child care resource and referral services, is the parent interested in receiving this assistance?

An assessment interview that reviews these domains in a supportive manner can provide an excellent first step toward identifying needs and engaging the parent in a process of solving problems and establishing personal goals. Depending on the background and training of workers, JOBS programs will vary in their capacity to conduct assessments that examine the needs of children and the family. In order to conduct a supportive assessment a worker must possess considerable sensitivity to individual and cultural differences in parents' willingness to discuss personal circumstances, their beliefs about work and childrearing, and other characteristics. Without specialized training and ongoing supervision, workers are unlikely to acquire both the level of sensitivity and range of skills needed for conducting effective assessments. Training to expand workers' knowledge of parenting issues, family processes, and child development should also be provided.

Although there is no ready-made model of training in assessment and case management that is suitable for all types of JOBS program settings, one package that is being developed by the Family Resource Coalition and tested in different JOBS programs shows promise as a tool for orienting JOBS programs to the needs of children and families.[10] In addition, training materials from related fields may provide useful components for a JOBS training model. For example, a module on cultural sensitivity in the Training Program for Infant/Toddler Caregivers, developed by Far West Laboratory for Educational Research and Development, provides valuable suggestions for learning about culturally based parenting practices that affect the relationship between the child care provider and the parent.[11] Much of the advice is pertinent to the role of other human service providers.

When supervision is available, workers with even a limited amount of training may be able to ask basic, but nonetheless important questions about family circumstances and children's well-being that can inform a plan of self-sufficiency activities and supportive services. For example, every JOBS employability assessment should inquire about whether the child regularly sees a health provider for preventive care. More in-depth family and child assessments may be needed either because the assessment skills of JOBS workers are limited or initial information about the family suggests that gathering additional information would be helpful. To obtain these more specialized assessments, the JOBS program should establish relationships with programs that have the requisite expertise and funding for assessment, as well as opportunities for ongoing contact with families to monitor their changing needs and progress. Such programs, including Head Start, family support programs, and the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, are discussed in this report.

Three general guidelines are relevant to the initial assessment. First, assessment information is best used to maximize available supports for families. Ideally, high quality services to address identified needs will be available, and the JOBS program can play an important role in making these accessible to families. However, when serious service gaps exist, a full assessment of basic child and family needs may still have great value since documenting unmet needs is critical to program development that will ultimately benefit families. Second, assessment of basic family and child needs should be conducted for all JOBS participants. Children of parents who are judged to be "job-ready" may have needs that are as urgent as the needs of children whose parents are assigned to education and job training activities. Third, information from a single source should not be used to exclude a child or other family member from services. In most cases, needs are best understood through multiple sources, including parental report, observations by professionals, and formal assessments. For example, a parent might suspect a developmental delay in her child that was not detected in a developmental screening. It would be inappropriate, without further assessment, to exclude the child from developmental intervention services solely on the basis of that screening.

Identifying Children's Health and Developmental Needs with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services

EPSDT, which operates under Medicaid, can provide vital health and developmental supports for children of parents who participate in JOBS. States are mandated to offer general physical, developmental, vision, dental, and hearing screens to Medicaid-eligible children. EPSDT has traditionally been an underutilized program, despite evidence that it successfully identifies treatable conditions and can save money by promoting early interventions.[12] Legislative amendments enacted in 1989 significantly increased the value of EPSDT as a prevention program for children.[13] States are now mandated to provide all necessary services to treat a condition identified in an EPSDT screen, whether or not the service is covered under the state Medicaid plan. Other improvements make it easier for pediatricians and family practitioners to participate in the program, and encourage quicker diagnosis and treatment of conditions that may arise before a child's next scheduled EPSDT screen.

Another piece of federal legislation, the Individuals with Disabilities Education Act (P.L. 99–457), is having an impact on states' use of the EPSDT program. Part H of this Act established the Early Intervention Program for Handicapped Infants, Toddlers, and Preschoolers, which requires that states develop systems of comprehensive early intervention services for

very young children with handicapping conditions. Planners have identified the EPSDT program as a major source of funding for assessment and treatment services under Part H. The EPSDT program also provides an important means of identifying children for the more comprehensive early intervention services available under Part H. In states with relatively narrow eligibility criteria for Part H services, many children who are ineligible for immediate entry into this new program may be at risk of developing a condition that would later qualify them for participation. The EPSDT program offers a means of tracking these at-risk children and referring them to Part H early intervention services if a qualifying condition is found in an EPSDT screen.[14]

Recognizing the value of EPSDT services, some states are conducting EPSDT outreach in JOBS programs. The state plan for Minnesota's JOBS program mandates outreach to enroll children of JOBS participants in EPSDT.[15] In a number of counties, public health nurses conduct presentations on EPSDT at STRIDE (JOBS) orientation sessions. Nurses later send interested parents information about EPSDT providers. The state Medicaid office would like JOBS case managers to incorporate EPSDT findings into the parents' employability plans and has prepared written materials about the program that will be distributed to JOBS staff. EPSDT outreach in several local offices of Florida's Project Independence (JOBS) program is described in **Part II**.

Element Two: High Quality Child Care and Early Childhood Education

Reliable, high quality child care is an essential element of a two-generation intervention. Stable child care that meets the developmental and educational needs of children can positively influence both the parents' ability to participate in JOBS and children's well-being and readiness for school.[16] Ensuring that children of JOBS participants have high quality care is a two-step process. First, parents must be offered information and counseling about how to identify high quality care. Second, families' access to good care must be improved by means of adequate reimbursement rates, efforts to improve the supply of high quality care, and arrangements that foster JOBS families' participation in Head Start and other exemplary early childhood programs.

The Role of Resource and Referral Agencies

Many JOBS programs across the country are establishing contracts with child care resource and referral agencies (R&R's). Staff at R&R's supply

information about local child care providers and counsel parents about how to choose the best care from available options. Some R&R's offer additional services that may benefit JOBS participants.

An R&R agency called Bananas in Oakland, California, operates a telephone "warm line," staffed by a social worker and a nurse who can answer questions about child care, child development, and community services.[17] Bananas also conducts workshops for providers and parents on such topics as children with special needs, child development, and planning enriched child care activities. Staff at Bananas believe that their strong focus on child care quality has encouraged a high proportion of parents enrolled in GAIN (JOBS) to choose regulated child care over informal arrangements.

Resource and referral agencies can also play a critical role in recruiting and training local child care providers. The Child Care Connection, an R&R serving Mercer County, New Jersey, has developed a special training program designed to increase the supply and quality of local child care for JOBS participants.[18] This agency provides 60 hours of initial training to family day care providers who become part of a REACH (JOBS) Family Day Care Network. As members of this network, the providers receive kits to promote children's health, safety, and cognitive development as well as ongoing supports that include a book and toy lending library, liability insurance, and monthly educational workshops.

In some states that lack a system of R&R's, JOBS implementation affords an opportunity to develop resource and referral services. Tennessee is a state that did not have regional R&R's when it launched JOBS. Recognizing parents' need for specialized assistance in finding child care, this state's JOBS program established a system of "child care broker agencies" through contracts with a variety of existing child and family service programs.[19] These included Head Start and community action agencies. In addition to providing counseling to help parents locate care, a few agencies hold sessions to orient providers to the JOBS program and some stay in touch with families over time to ensure that child care arrangements are satisfactory. All of them conduct outreach to encourage parents' use of Transitional Child Care, the funding available to parents for one year after they leave welfare for work. By using the agencies to conduct outreach to JOBS parents, Tennessee's JOBS program has achieved an unusually high rate of Transitional Child Care utilization.

A profile of a resource and referral service in Maryland, LOCATE, is presented in **Part II**. LOCATE illustrates a comprehensive, supportive approach to assisting JOBS participants in their efforts to find child care.

Increasing Families' Access to High Quality Early Childhood Programs
Parents' ability to choose the best available child care can be strengthened by widening their options to participate in high quality early childhood programs. The majority of states now fund preschool programs. These typically operate as half-day, school-based programs that target low-income children who are at risk of school failure. Head Start programs exist in all states and also serve low-income children. Although quality varies across all types of early childhood programs, Head Start and other preschool programs that target at-risk children are designed to offer care and educational activities that promote children's healthy development. Head Start programs, and some other early childhood programs, also offer preventive health services, social services, and parent involvement activities. In view of the special benefits they can provide, strong efforts should be made to ensure that children of JOBS participants have access to these programs.

Across the country, JOBS and Head Start programs are beginning to intersect, creating two-generation interventions that combine the comprehensive child and family services of Head Start with the self-sufficiency and supportive services of JOBS. Linkages between JOBS and Head Start are being forged in different ways. A Head Start agency in Newport, Rhode Island, used discretionary funds to hire an "opportunities specialist" to assist families interested in education, training, and employment.[20] This specialist helps families enroll in the JOBS program, which provides reimbursement for child care and transportation. Because the Head Start specialist has a smaller caseload than the JOBS case manager, the specialist is able to provide considerably more ongoing support to parents as they work toward self-sufficiency.

A similar Head Start linkage with JOBS is being developed in Maine where state officials have shown a commitment to making Head Start an integral part of JOBS.[21] In two demonstration sites, Auburn and Lewiston, Head Start is incorporating questions about employability into its initial assessment to promote enrollment of Head Start parents in ASPIRE (JOBS). Plans for collaboration call for ongoing communications between ASPIRE and Head Start staff, with Head Start assuming responsibility for more intensive casework and provision of family supports.

Most Head Start classrooms operate as half-day programs. Extended-day child care within the Head Start program is an attractive option for Head Start collaborations with JOBS. This arrangement eliminates the need for separate child care and transportation between settings. A Head Start program in Chattanooga, Tennessee developed a full-day classroom for children whose parents are employed or in job-training programs.[22] JOBS and transitional child care funding supports the extended day of care for several children. The program also offers on-site GED (high school equivalency cer-

tification) and literacy classes, increasing parents' opportunities to participate in Head Start parent involvement activities.

In **Part II**, the early stages of a collaboration between Philadelphia's JOBS program and Head Start are described. This linkage illustrates an effort to establish common goals across the programs and clear guidelines for agency responsibilities.

Element Three: Services That Strengthen Parenting

A parent's concern about her child's well-being and future can provide strong motivation to succeed in education and training activities.[23] For this reason, self-sufficiency programs should support the participant's role as a parent by recognizing the importance of parenting concerns and responsibilities. A parent's work toward self-sufficiency may affect the parent-child relationship in both positive and negative ways. For example, a parent involved in education or training activities might experience a more hopeful outlook on the future, but she might also face new stress as demands on her time increase. There is now considerable evidence that a parent's sense of well-being strongly affects parenting behavior and the child's development.[24] Two-generation programs can help parents cope with problems that adversely affect parenting, while affirming parents' interest and investment in their children's future.

There are many options for offering services and supports to strengthen parenting in conjunction with employment-readiness activities. In several counties in Kentucky, JOBS programs have established contracts with agencies that conduct life skills and parent education groups for JOBS participants. (See **Part II** for a profile of Kentucky's JOBS program.) Around the country, teen parent programs that serve JOBS participants often include sessions on parenting and child development as part of their regular program of activities. Parents of young children are likely to learn the most through activities in which they can observe positive adult-child interactions and have a chance to experience such interactions themselves in different situations with their children such as play, teaching, and caregiving.[25] In the New Directions teen parent program in Sarasota, Florida, parents' positive experiences with their children in a high quality child care center for toddlers supplement parenting classes.[26] New Directions staff report that in the child care setting where they can see parents and children interact, it is possible to address problems in the parent-child relationship that might otherwise be overlooked.

A promising approach to parent education is emerging in family literacy programs such as PACE (Parent and Child Education) in Kentucky and the Even Start program, a federally funded demonstration with 233 sites in all 50 states.[27] These programs typically integrate three components: early childhood education; joint parent-child activities that foster a healthy parent-child relationship and the parent's ability to help the child learn; and basic education and literacy training for parents. Because the goals for adults in family literacy interventions and JOBS are highly compatible, linkages between the two programs are beginning to occur to the benefit of programs and participants.

Many parents need help in learning how to support their children's achievement in school. In San Diego, California, the GAIN (JOBS) program has developed a module on parent involvement in schools that is offered to GAIN participants engaged in job search or education activities.[28] The workshop covers such topics as home teaching activities, strategies for helping children succeed in school, and effective parent-teacher conferences. To overcome feelings of intimidation about approaching school personnel, parents role-play their part in school conferences. Many workshops end with a homework assignment that asks each parent to schedule an actual conference with her child's teacher to review the child's progress in school.

A broad range of family support services can be provided for JOBS participants by linking JOBS to comprehensive early childhood programs such as Head Start, and two new federal demonstrations that integrate child development and self-sufficiency services—Head Start Family Service Centers and the Comprehensive Child Development Program (CCDP).[29] In addition, growing numbers of state-sponsored family support programs target families with young children. Examples include Connecticut's Parent Education Support Centers, Maryland's Family Support Centers, and Minnesota's Early Childhood Family Education services. These programs offer a range of services to families in a particular community in an atmosphere that aims to be nonstigmatizing and supportive of families' strengths and competencies.[30]

For some families, such programs can provide valuable "front-end" services that can address serious family problems and prepare parents to successfully pursue education and job-training activities. This philosophy guides Maryland's Friends of the Family program in its collaboration with the Project Independence (JOBS) program.[31] Family support programs, which typically draw few boundaries around their service obligations to a family, often help the family meet basic needs for adequate housing, food, and clothing. A parent's ability to meet such needs is likely to have a strong impact on her capacity to promote the child's healthy development as well as her own development and progress toward self-sufficiency.

Element Four: Preventive Health Services for Children and Parents

Two-generation interventions should actively promote the use of preventive health services by both children and parents. Untreated health problems in children and illnesses that could have been avoided by preventive care can pose a major threat to children's development.[32] Moreover, health problems of both children and parents can interfere with parents' efforts to become self-sufficient.[33] The relatively high prevalence of health problems among AFDC children is well documented.[34] There is growing evidence that the health status of AFDC women is also relatively poor. Recent analyses by researchers at Child Trends indicate that one AFDC woman in ten has a health condition that prevents or limits work. One woman in four on welfare reports alcohol-related problems that might interfere with employment.[35]

JOBS programs can play an important role in fostering families' use of preventive health services. A first step is to incorporate basic information and counseling about the importance of health care and available service options into such JOBS activities as orientation, life skills classes, and group meetings of participants involved in job search. Supplying useful information about how to gain access to high quality services will require that the JOBS program develop relationships with health care agencies and providers. The Hawaii and Tampa, Florida JOBS programs, both profiled in **Part II**, are making progress toward this goal.

A special effort should be made to ensure women's access to family planning services, since unplanned repeat pregnancies can severely impede a parent's progress toward self-sufficiency. Although there is evidence that family planning services can reduce the incidence of unwanted pregnancies, the experience of comprehensive programs for young mothers suggests that fairly intensive fertility education and family planning services are needed to help young mothers postpone childbearing.[36] For parents at high risk of an unplanned repeat pregnancy, the JOBS program should develop a strong family planning component that provides not only referral to services, but also a frequent focus on the role of family planning in the parent's pursuit of personal goals as a routine part of case management. For mothers under age 21, assessment and treatment services related to reproductive health and family planning can be provided by the EPSDT program.[37]

Children's health needs and service options should be highlighted in the initial employability assessment and at frequent intervals throughout parents' participation in JOBS as part of the regular case management process. Such practices as identifying children's health care needs in the initial assessment

and informing parents about EPSDT services are likely to yield far greater benefits if there are ongoing efforts to ensure that children actually receive needed services. Other programs linked to JOBS could also be assigned primary responsibility for follow-up. This responsibility is most easily assumed by programs that include an explicit mandate to provide child health services, such as Head Start, the Comprehensive Child Development Program, many family support programs, and some state-funded preschool programs. In some states, the EPSDT program monitors whether children receive services to treat problems identified in a screen and contacts families to promote the use of appropriate services. The EPSDT program in Florida, profiled in **Part II**, is one such program.

Element Five: Self-Sufficiency Services Leading to Employment and a Living Wage

One of the central goals of a two-generation program is parental employment that will lift the family out of poverty. Not only does this outcome have obvious benefits related to reduced state and federal welfare spending, but it may also contribute to educational and social benefits for children. Given that family income status is often tied to long-term life opportunities, it can be argued that children have a basic right to be supported by parental employment that pays a living wage.

Compared with an earlier generation of welfare-to-work programs, JOBS places considerably more emphasis on services that have some potential to lead to adequate-wage employment. FSA provisions encourage education and skills training for older JOBS participants and mandate education activities for teen parents who have dropped out of school and lack a high school diploma. College-level education can also count as a JOBS activity. JOBS' emphasis on education and employment training reflects a major finding of several studies that investigated the impact of relatively low-cost self-sufficiency services such as job search and work experience: although these services produced overall program impacts, the gain in employment earnings for program participants was very modest, and the most disadvantaged clients did not benefit.[38] At the same time, previous studies offer some evidence that higher cost services, typically including education and training components, may lead to higher earnings for participants.[39]

Past studies leave unanswered many questions about the most effective intensity, content, and structure of welfare-to-work services for different groups of participants. Nevertheless, there is a growing consensus that

JOBS programs should move in the direction of more intensive education and training components that have the potential to prepare participants for jobs that pay living wages. Two characteristics of self-sufficiency programs are central to such efforts: (1) an appropriate match between the actual skills needed for adequate-wage employment and the job preparation offered to participants, and (2) the provision of ongoing practical support and encouragement to help parents successfully participate in education and training activities, and make the transition to work.

In a variety of ways, welfare-to-work programs across the country are striving to offer self-sufficiency services that develop the skills and knowledge needed for employment that pays a living wage. Two self-sufficiency demonstrations that target highly disadvantaged families, Maryland's Family Development Centers and Iowa's Family Development and Self-Sufficiency Program, tailor the allowable length of a client's participation to the family's individual needs.[40] Both programs serve JOBS participants, provide comprehensive supportive services for family members and children, and maintain a strong focus on the goal of self-sufficiency.

Most states permit JOBS participants to enroll in community and four-year college programs for periods of two to four years.[41] Some post-secondary programs for JOBS participants pay considerable attention to the development of clients' children. One such program is located at Lewis and Clark Community College in Godfrey, Illinois.[42] In addition to intensive career counseling and vocational training, the program emphasizes high quality early childhood and family services. The college is developing a center that will offer on-site Head Start, family literacy, and adult education services.

Ongoing support for JOBS participants through the sometimes arduous process of negotiating the new demands of education, training, job entry, and early employment experiences can be critical to helping parents attain their self-sufficiency goals. Such long-term support is the hallmark of a self-sufficiency program called Project Match, which serves families in a Chicago public housing project. Project Match is operated as a demonstration of the Illinois Department of Public Aid in affiliation with Northwestern University's Center for Urban Affairs.[43] Unlike most welfare-to-work programs, Project Match gives recognition to small, first steps a client might take toward self-sufficiency—such as volunteering in a Head Start program or keeping appointments—and provides encouragement and assistance to parents even after they find a job. Often, the program keeps up this work with a client through a series of job losses, until the parent acquires the personal and employment skills needed to succeed in a job. Currently, Project Match is developing new practices to improve the program's capacity to support the well-being of participants' children.[44] Like

the program's approach with adults, the new strategies aimed at children will address their problems and also offer them growth-enhancing activities such as after-school arts or recreation classes.

Element Six: Case Management

The concept of case management is generally used to describe the work of program staff who help clients identify needs, develop a plan for achieving certain goals, and obtain appropriate services and assistance.[45] Often case managers also provide encouragement and model strategies for solving problems. Since this generic definition can be applied to many different patterns of assistance to program participants, it is useful to consider some principles of case management that are particularly relevant to the goals of two-generation programs and to the options for creating such programs that are described in this report:

1. Case management in a two-generation program should ensure that a limited number of people have primary responsibility for helping meet the full range of child, parent, and family needs identified in the initial assessment and in subsequent contacts with the family. It may not be practical to locate all case management responsibilities in a single program. Case managers working in separate programs, such as JOBS and Head Start, often bring different kinds of expertise to their work with families. If the case managers coordinate their efforts, families may receive specialized assistance for a broader range of needs.

2. A possible negative consequence of spreading case management responsibilities across programs is a loss of clarity about obligations to the family and weak accountability for meeting families' needs. Therefore, case management should be guided by individualized family plans that clearly identify child and family needs that should be addressed and assign responsibility for reviewing and monitoring family progress. Joint program reviews of selected cases could be used to evaluate case management based on these plans. For example, case managers from JOBS and a family support program who are trying to coordinate services could examine their success in working together to meet different family needs.

3. When case management responsibilities are shared, programs should formally establish mutual goals and concrete methods for reinforcing these goals in work with families. For example, a Head Start family worker could support a parent's involvement in a vocational program

and a JOBS case manager could support a parent's efforts to address a family problem. Joint training sessions may provide an important vehicle for this kind of collaboration.

4. Programs that target case management on the most highly disadvantaged families should avoid categorizing families solely on the basis of parental job readiness characteristics. Family circumstances and child needs may warrant more intensive case management, even when parents are deemed ready to search for employment.
5. When programs share responsibilities for helping families meet the child development and self-sufficiency goals of a two-generation intervention, they should give the parent clear guidelines about how to seek information and assistance. Without an understanding of whom to turn to for help, the parent might not attempt to solve serious problems. With that understanding, parents can become full partners in their own case management.
6. Program collaboration and case management of multiple needs in two-generation interventions will require ongoing adjustments to develop effective procedures. Therefore, formal reviews of problems and possible solutions should become part of regular program operations. These reviews should involve staff at all levels from the collaborating programs and agencies.

As noted in the earlier discussion of assessment (see "Element One"), few ready-made models of training and practice of case management in two-generation programs are currently available. In addition to the training model being developed by the Family Resource Coalition, the case management manual for the Denver Family Opportunity (JOBS) program describes important activities and strategies of case managers in a family-oriented JOBS program.[46] The Denver JOBS program is profiled in **Part II**.

Part II
Site Profiles

This section presents profiles of eight programs that illustrate different approaches to integrating self-sufficiency services with other supports that can enhance children's health and development.

- The first three profiles—JOBS in Kentucky, Hawaii, and Denver—highlight planning for two-generation services at the state and local level.

- The next group of profiles illustrates specific service linkages between JOBS and programs for children and families. Strategies to ensure high quality child care for JOBS participants are featured in the descriptions of the resource and referral service, LOCATE, which is linked to Baltimore's JOBS program, and the Child Care Development section of the Illinois Department of Public Aid. The profile of an initiative in Philadelphia examines the evolving relationship between JOBS and Head Start. A linkage between JOBS and preventive health services is described in the discussion of JOBS orientation sessions in Tampa, Florida.

- The final profile, Portland, Oregon's Teen Parent Program, presents strategies for implementing two-generation self-sufficiency services for teen JOBS participants.

The Kentucky JOBS Program

In Kentucky, children are viewed as the long-term beneficiaries of JOBS services. An overarching goal of Kentucky's JOBS program is ending the transfer of poverty and disadvantage from one generation to the next—from parents to their children—by strengthening families' capacity to support children's healthy development. This goal drives many of the state's key JOBS policies and ongoing efforts to forge connections between JOBS and family support services.

Kentucky administers its JOBS program at the state level through the Department for Social Insurance (DSI), the lead JOBS agency within the state's Cabinet for Human Resources. A cooperative agreement between DSI and another state agency, the Cabinet for Workforce Development, reflects the emphasis on human capital investment in the Kentucky JOBS program. This cabinet was created in 1990 to improve the quality of the state's adult education services. In its collaboration with the JOBS program, the cabinet is responsible for developing contracts with adult education providers to offer services to JOBS participants. Because the cabinet is broadly concerned with fostering a skilled workforce as a means of strengthening the state's economy, it is well positioned to promote high quality adult education for JOBS participants. At the same time, the cabinet has shown sensitivity to the special needs of JOBS participants and has initiated training activities to help local adult education providers work effectively with JOBS clients.

According to Mike Robinson, who oversees Kentucky's JOBS program as commissioner of DSI, breaking an intergenerational cycle of poverty requires realistic investments in services that can build the education, employment, and life skills of JOBS participants. Often, these investments are relatively long term as in the case of participants who want to pursue post-secondary education related to specific employment goals. In Kentucky, approximately 80 percent of active JOBS participants are enrolled in education activities. A substantial number, about 26 percent, are receiving education and training at the post-secondary level in college or vocational schools. Currently, the program is maintaining caseloads of about 60 families per worker.

JOBS and School Reform

Interestingly, Kentucky has become a national leader in school reform at the same time as the state has been launching a JOBS program that recognizes the impact of education on participants' employability. Sharon Perry, a senior state JOBS official, explains that Kentucky has tried to develop a

coherent set of policy objectives for low-income families that cut across different human service sectors: "It wouldn't make sense for the state to work hard to educate children in our schools, if we neglected family needs that might affect children's ability to learn. Strengthening the family is critical. A parent who improves her reading level—a parent who is preparing for a job that can lift the family out of poverty—is better able to support the goals of education reform."

Long-Range Goals for Participants

In its implementation of JOBS, DSI has established clear goals for families who participate in the program, while also encouraging innovation in service delivery at the local level. The formal objectives for Kentucky's JOBS program call for an investment in skills that can lead to long-term self-sufficiency and the provision of services that can strengthen parenting and enhance children's well-being. Joan Hoskins, manager of DSI's training branch, explains the program's philosophy: "In a nutshell, we believe that there is no quick fix for many families on welfare. We think a long-term commitment to a JOBS participant will reduce the chance that her children will end up on welfare. Even if we sometimes fail to help a parent become totally independent from AFDC, the support we give to the family and the new skills the parent acquires can help her children. And of course, we think that over time many parents will become employed in jobs that pay decent wages and offer the chance of long-lasting self-sufficiency. But because we know it takes time to achieve these kinds of results, we don't look for immediate reductions in the welfare rolls as the only important sign of our program's success."

State officials have tried to communicate this philosophy to JOBS program staff in training and technical assistance activities. At an early stage of JOBS implementation, DSI convened a meeting designed to introduce case managers from around the state to a wide variety of family services. State-level directors of mental health, substance abuse, child protection, and other programs explained their mandates and scope of services. JOBS coordinators were then charged with organizing similar meetings within their counties to further acquaint case managers with local services and providers that could assist JOBS families. State officials also encouraged coordinators to arrange site visits, enabling frontline JOBS workers to see firsthand some of the community services that might meet different needs of their clients. More recently, state-level JOBS staff organized specialized training to help case managers recognize and address serious family problems such as substance abuse and domestic violence.

Additional resources and state-level guidance complement these training activities. Under their contracts with DSI, the Area Development Districts responsible for JOBS planning at the county level developed a computer-based directory of local supportive service providers. JOBS case managers can now review listings of available services on their computer screens. They also receive materials providing more detailed information about Head Start, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and other services that can benefit children and families. At monthly meetings with JOBS coordinators, state officials promote efforts to link JOBS education and training components with other supports such as life skills and parenting education. DSI does not, however, prescribe a rigid model for JOBS implementation. "While there is a core plan, we do what we can to encourage flexibility at the local level that takes maximum advantage of programs that exist in different communities," explains Sharon Perry.

CCDP and a Head Start Family Service Center

This strategy has resulted in formal agreements and collaborations between JOBS and several multiservice family programs across the state. While each linkage is unique, the result in all cases is a stronger set of two-generation services for JOBS participants. As the examples illustrate, they also advance the goals of the JOBS program.

In Lexington, there are formal agreements between JOBS and two programs that have been established as part of national Head Start demonstrations to test enriched models of intervention. The first of these is Operation Family, one of 24 sites for the Comprehensive Child Development Program (CCDP), administered by the U.S. Department of Health and Human Services (HHS). Like other CCDP's, Operation Family targets low-income families with children under age one, or pregnant women, and serves families for five years. The CCDP model offers an exceptionally comprehensive, sustained intervention that integrates the goals of healthy child development and economic self-sufficiency for parents. Operated by the Community Action Council in Lexington, the program works with participants through a combination of home visits and on-site services. Staff typically have at least two contacts a week with each family, including one home visit which may involve a developmental or health screen of the child, a review of the parent's progress toward personal and parenting goals, and problem-solving to help the parent remove obstacles that stand in the way of these goals. Among the 120 families served in Operation Family, 85 percent are JOBS participants.

Through its agreement with the JOBS program, Operation Family provides comprehensive case management that helps families gain access to such services as child and parent health care, education and vocational training, and developmental child care. The JOBS program helps pay for supportive services, including transportation and child care, when funds are not available through CCDP. Using reports submitted by Operation Family, the JOBS program tracks the progress of the parent to ensure that her participation meets JOBS requirements.

Mary Twitty, director of Operation Family, observes that the program is equally concerned with child development and self-sufficiency goals. "We start with the most basic survival needs—for food, housing, and clothing—and help stabilize families so that they can think about steps toward employment. When a parent has enough food for her child, and feels safe, she can then move on to education and training. We have seen dramatic progress in many of our families, but it sometimes takes time to address the basic problems. Fortunately, with caseloads of 20 families, we have the capacity to assist parents step by step toward a better future."

Another Lexington program that has a collaborative agreement with JOBS is the Head Start Family Service Center. Like Operation Family, the center is part of a national HHS demonstration and is operated by the Community Action Council with Mary Twitty as the program's co-director. Head Start Family Service Centers were created by HHS to enable Head Start programs to provide stronger services in three areas of need that are frequently identified in Head Start families: substance abuse prevention and treatment, adult literacy and basic education, and help toward economic self-sufficiency. Like CCDP, the Family Service Center has goals that overlap considerably with those of JOBS, especially in Kentucky where the JOBS program recognizes the importance of investing in services that support children's well-being. Mary Twitty believes that the program's attention to substance abuse is especially important in helping families work toward self-sufficiency. "What our program can do is instill a lot of trust in parents. That takes time and an ongoing relationship in which a parent can address problems of stress and depression that might contribute to alcohol or substance abuse. If parents make headway on these problems, they can set some new goals."

For parents in both the Head Start Family Service Center and Operation Family, staff emphasize long-term job goals. "We want people to have careers," says Mary Twitty. "Many of our parents are receiving training in computers or nursing because we expect job growth in these areas. When

someone must begin with an entry-level job, we want them to see it as the first step to more training and a higher paying job."

The New Chance Model

A third program in Lexington that benefits from a formal agreement with JOBS is the Family Care Center. Serving young mothers who gave birth to their first child during adolescence, the center is a site of a national demonstration called New Chance. In addition to a highly structured program of adult education and vocational training, the Family Care Center offers unusually strong child development and health services. With partial funding from JOBS, the center provides high quality care and preschool education to children from infancy through age six. As part of its effort to foster parenting skills and a strong parent-child relationship, the program requires that parents use the on-site child care facility and spend time with children and teachers in this setting. At the on-site pediatric health clinic, children receive health screenings, medical treatment, dental care, and a variety of other services that may be needed, including speech and physical therapy. Life skills training for parents is woven into their schedule of job-readiness activities, and includes parent education.

Parents enrolled in the Family Care Center spend a minimum of five months participating in on-site educational activities, although some spend over a year completing a GED (high school equivalency certification). During the first stage of the program, primary case management responsibilities for JOBS participants typically rest with center staff. However, the JOBS program assumes a more direct case management role when parents begin post-secondary or vocational training that requires direct funding from JOBS. Jean Sabharwal, the center's director, explains that New Chance program staff continue to stay in close touch with participants who move to these off-site activities because the parents need the extra support. Recently, a Family Care Center counselor started a support group for JOBS parents, including center participants, who are attending a local community college. Part of the counselor's salary is provided by JOBS.

Jean Sabharwal believes that the program provides an excellent combination of structure and support for young parents. The one serious shortcoming she would like to address is the lack of services for fathers. "We see the mothers learning to enjoy talking to their children and teaching them how to do things, but often the fathers don't understand the value of these interactions, and belittle the mother's behavior when they pick her up at the center. It would be much better for the children if we could give the fathers the same kind of support the mothers receive at the center."

State JOBS officials believe the New Chance model shows promise of helping the vulnerable population it targets. According to Sharon Perry, the Cabinet for Human Resources recently funded two additional sites that will replicate this model in the northern and eastern parts of the state. Department officials express concern, however, about whether any state could afford to offer this type of program to all the young mothers who need such a comprehensive intervention.

Family Literacy

Another important program collaboration promoted by state JOBS officials is bringing JOBS and family literacy services together for families. In eight counties in the state, JOBS has established connections with the highly regarded state-sponsored family literacy program called PACE (Parent and Child Education) that serves parents with children aged three to four. Activities at a PACE program in Pulaski County are typical of those at other PACE sites. Families attend the program three days a week. Transportation is provided and is considered a very important service in this rural county. For part of each day, children attend a developmental preschool program while their parents work on education activities that range from literacy to GED preparation, depending on their skill levels. During a period in the afternoon devoted to parent-child interaction, staff encourage parents to try out play and learning activities with their children that support children's development and help build a healthy parent-child relationship. Another afternoon session provides life skills training for parents.

The director of the Pulaski PACE program, Marilyn Peterson, explains that PACE has many benefits for families. "Through PACE, participants not only improve their education levels, they also increase their social and community ties, breaking down a sense of isolation. Though parents may not have a job when they leave PACE, they have new networking skills that will help them secure employment in the future. And their relationship with school changes, which in turn increases their children's chances of academic success."

According to program officials, referrals between JOBS and PACE are becoming more common. Collaboration between JOBS and PACE has also led to stronger self-sufficiency services for parents who are jointly enrolled in these programs. Parents who complete a GED in PACE can now receive support services, and in some cases post-secondary training and education through JOBS. With these increased opportunities to link parents to employment after they leave PACE, there is now interest in finding ways to place greater emphasis on employment-related skills in the PACE curriculum.

Families with School-Age Children

In Kentucky, as elsewhere across the country, most of the established connections between family services and JOBS target families with preschool-age children. However, a recent education initiative in Kentucky holds promise for promoting two-generation supports for families with school-age children. A state grant program is creating a system of family resource centers in schools that have a high proportion of low-income students. In these schools, students and their families will benefit from the centers' coordination of a wide range of services that can be marshaled to address individual family needs.

One newly established Family Resource Center (FRC) in Pulaski County that serves children in four schools from kindergarten through grade 12 has already formed a close tie to the JOBS program. JOBS coordinator Sandy Hawkes says that she finds it much easier to support JOBS participants' work toward employment if attention can also be given to broader family needs: "Family Resource Center staff and JOBS workers try to coordinate needs assessment and case management. Often we identify needs related to housing or substance abuse that the center can help the family work on. The center can turn to JOBS for self-sufficiency services." JOBS and FRC are also working together to expand services for families. For example, the programs are trying to develop new parenting education classes for participants.

New Initiatives

Kentucky's state JOBS officials are exploring a number of other program enhancements that would benefit children of JOBS participants. Currently, many counties provide life skills education to JOBS participants in conjunction with basic education components. Life skills training is now delivered in one of two ways—as a freestanding program that parents voluntarily attend outside of the education activity or as a component that is integrated into adult education activities. Although the content differs somewhat from program to program, the training often covers parenting skills, health and nutrition, personal development, time management, and household budgeting.

While state officials are pleased that so many counties are finding ways to offer life skills and parenting education, they are also concerned that attendance is often a problem in freestanding classes because parents find it difficult to make special arrangements to participate outside of their regular JOBS activities. Sharon Perry reports that DSI and the Cabinet for Workforce Development are now exploring options for incorporating life skills training into all JOBS adult education activities. Plans are under way to pilot this approach in four or five counties. It is hoped that offering these classes as part of the regular JOBS education component will not only ensure that more

parents participate, but will also help JOBS participants experience a stronger connection between their efforts to achieve self-sufficiency and their personal and parenting goals.

In another initiative, state officials are trying to establish a closer relationship between Head Start and the JOBS program. A federally funded Head Start Collaboration project has facilitated state-level discussions about how these programs can work together. In a pending agreement JOBS and Head Start officials established several priorities for collaboration. These include efforts to increase the number of families who are jointly enrolled in Head Start and JOBS, to assess the need for full-day and full-year services for these families, and to use families' experience in Head Start to reinforce their self-sufficiency goals.

Other areas of support that Kentucky officials are seeking to improve include preventive health care and mentoring. DSI would like to develop easy-to-read educational brochures on preventive health care for JOBS participants. These materials could be used in a variety of settings, including JOBS education and life skills components. In one urban county the JOBS program and a voluntary organization hope to develop a demonstration that would provide mentoring services to JOBS participants. JOBS administrators in Kentucky continually evaluate the progress they are making and try to identify new opportunities to shape the JOBS program in ways that will benefit both parents and children. Through such efforts Kentucky is seeking to offer the kind of practical assistance and encouragement that parents need to redirect their lives and open doors to a more hopeful future for their children.

Program Contact: Sharon Perry
Staff Assistant
Kentucky Department for Social Insurance
(502) 564-3703

The Hawaii JOBS Program

All JOBS programs assess the needs of new enrollees, but assessments vary considerably in the breadth of information they cover. The Hawaii Department of Human Services (DHS), which explicitly defines its JOBS program as part of an overall strategy for strengthening families, conducts an unusually comprehensive, family-oriented assessment of JOBS participants. Other distinctive features of this JOBS program are the pivotal role it assigns to case management and the stress it places on long-term education and training.

The program is relatively young and small. As of fall 1991, a year after its inception, it had enrolled approximately 535 participants in two centers on Oahu, the largest of the state's islands. Current plans call for the opening of four additional centers on Oahu and one on Maui in early 1992. By October 1992, the program will have 10 sites, with the capacity to serve 3,168 participants. Even as staff anticipate rapid program growth, they are committed to continuing their current practice of conducting multidisciplinary assessments of all participants.

Assessing New Participants

The program's assessment practices are modeled on the team approach that was developed in an earlier state demonstration program that served families with both employment and child abuse problems. In the JOBS program the assessment team consists of four professionals—a public health nurse, a social worker, an employment counselor, and a generic case manager. "At the very outset," says Garry Kemp, DHS special assistant who manages Hawaii's JOBS program, "we wanted to get on the table all the problems, the subtle and the not-so-subtle, that could obstruct the parent's efforts to become self-sufficient. From previous experience we learned that a multidisciplinary assessment team was a useful way to do that. There was also a spillover effect on case management. As the professionals began discussing the needs of their clients, greater cooperation across service systems developed and clients gained easier access to different kinds of assistance."

While the program's assessments are time-consuming, Garry Kemp points out that there are ways to streamline the process. One key to efficiency, he says, is the preliminary interview, which is conducted by the case manager. This one-on-one session, lasting approximately two hours, covers the social, psychological, and health conditions of the family. Other team members review these findings, and then each, in turn, interviews the new enrollee. In some cases, says Kemp, the review of the case manager's information suggests that follow-up can be minimal, allowing the other professionals to hold a relatively brief session with the new enrollee.

The "Barrier Removal" Stage

Often, however, enrollees have problems that merit serious attention, and the program is committed to using intensive case management and appropriate services to address them. Staff work with a number of participants during a period they call a "barrier removal" stage—a time for stabilizing very difficult personal and family situations that usually precedes any assignment to employment and training activities. Even though the program has thus far been focusing on volunteers, presumably a group with fewer problems than the overall welfare population, fully half of all new participants were assigned to this barrier removal stage. As yet there are no data on the average length of time that participants remain there. Informal estimates are that the average stay is from three to six months, a briefer timespan than the twelve-month period the program is prepared to offer to up to two thirds of participants.

Staff report that participants enter the program with many different kinds of life problems that could impede their progress toward becoming self-sufficient. Among the most common are difficulties that parents experience relating to or disciplining their children and the lack of a support system to cope with everyday demands of family life. Housing and health problems are almost as pervasive. Staff estimate that 15 percent of participants report current problems of domestic violence and that many more have experienced this kind of violence at some point in their home lives. In addition, staff believe that approximately 10 percent of participants have substance abuse problems.

During the initial assessment, case manager Amy Matsuoka tries to get a picture of the participant's home and family life. "When I ask 'How are your children doing in school?' parents often describe behavioral difficulties. Open-ended questions like "How does your family solve problems?" or "What does your family do together for fun?" are included in the assessment interview. Such questions often reveal family strengths as well as tensions and crises. Occasionally women seem to find assessment questions intrusive, but a far more common reaction, says Amy Matsuoka, is a sense of relief. "We make it clear we're here to help, and when people sense that, they open up." Garry Kemp agrees. "It's a friendly atmosphere," he says. "People generally like to come to our center." He notes that besides staff attitudes, another appealing feature of the centers is their settings. "When a JOBS site looks more like a university with a drop-in child care service than a typical government office, it's conducive to communication."

JOBS program nurses routinely encourage parents to have their children screened under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Parents are told that, if possible, they should ask a

physician who will be willing to provide follow-up care to do the screen, but that JOBS nurses can also screen the child. To intensify its EPSDT outreach, DHS intends to hire a group of health paraprofessionals who will talk to JOBS participants in their homes about the benefits of the program.

Besides information from EPSDT screens, two other sources of information about the children of JOBS enrollees available to staff are informal observations by caregivers in the recently opened drop-in child care center at the JOBS site and parents' reports during assessments. Charlene Ono, a JOBS program nurse, reports that Hawaii's strong early intervention screening system ensures that most families whose children have significant developmental disabilities are known to the health system before they reach her. "But as I talk to parents, what I often do uncover are milder developmental difficulties like learning problems—the kind that tend to fall through the cracks, but could worsen if they are ignored." Ono says that on a number of occasions, she has been in contact with school nurses about health conditions, particularly hearing and vision problems, of JOBS children.

Family Planning

Family planning is another important topic Ono covers in the assessment. Whenever participants tell her that they don't want to become pregnant but are not using any method of family planning, Ono engages them in a discussion of options for birth control. The subject is raised naturally, says Ono, as part of a review of the woman's perinatal history, and women seem very comfortable in discussing the topic with her. Ono reports that a number of women have used birth control in the past and lapsed, but that when the issue is raised, they say they wish to resume. In those cases and in others where women appear interested, Ono refers them to family planning clinics.

Case Management

The four professionals who assess a JOBS participant all continue to work with her as necessary, but each has specific responsibilities for the case. Among team members, case managers monitor participants' progress in the program most closely. "The model calls for frequent, regular contact," says Garry Kemp. Participants are asked to fill out worksheets detailing their activities in the program and review them weekly with case managers. "On average," says Kemp, "our case managers hold face-to-face sessions with participants every other week." Case managers typically carry caseloads of 70 participants.

Most case managers have come to the JOBS program from other governmental agencies and divisions, including the income maintenance program of DHS. Although they are offered some in-service training on how to

counsel clients, they do not have professional backgrounds in social work or public health. When participants need more specialized assistance, case managers draw on the expertise of the other team members. Social workers, for example, offer crisis intervention counseling and also refer participants to longer-term intervention outside the program.

The Hawaii JOBS program model calls for home visits to participants whose assessments indicate that they have problems that can best be understood and addressed by professionals meeting with them in their family environments. For a social worker, the visit might be prompted by information that a child is having school attendance problems or by indications that there is significant conflict between parent and child or between adults in the home. A nurse might decide to visit a home to see that a participant with a serious chronic illness is taking medication properly. If health screenings reveal that a child has special needs for child care, the nurse may follow up with a home visit to discuss the child's condition with the family. During the early months of the program, when a great deal of staff time was devoted to assessments, home visits were reserved for a handful of families, but staff are beginning to use the practice more frequently now that the first wave of participants has been enrolled and assessed. Thus far, Craig Shull, a program social worker who has made approximately 10 of these visits, finds them useful. "The parents having the most severe difficulties with their children were already known to the child welfare agency, so I didn't uncover serious new problems. I can say, though, that seeing a parent at home gave me a better understanding of how family life can affect her functioning in the program."

Social workers also counsel participants on child care. Currently, this counseling is quite informal. Social workers provide lists of openings, which participants then contact. A brochure on selecting child care is being developed by the University of Hawaii. Since enrollees have tended to be older, with school-age children, many have been able to use Hawaii's A+ after-school program. Available in all Hawaii schools for a maximum fee of $25 per month, this child care program is free of charge to welfare recipients in employment and training programs. As the Hawaii JOBS program matures, managers expect to bring in a full-time child care specialist to oversee child care counseling and promote linkages to local child care programs.

Finding and Developing Services

An important part of the responsibilities of JOBS program staff is to identify and develop services for participants. Generally, nurses and social workers select local service organizations that in their opinion are particularly expert in their fields. If JOBS participants have difficulty in gaining access

to those providers, case managers seek out other agencies, consulting as necessary with the social workers and nurses on their teams. The program is committed to making mental health counseling and therapy available to any participants who appear to need that kind of assistance. Garry Kemp points out that the Hawaii JOBS program is unusual, if not unique, in subsidizing therapy for participants who are not able to receive these services under Medicaid.

Two services that have thus far been incorporated into JOBS activities are a parenting class, operated by The Institute for Family Enrichment, a community agency experienced in providing parenting education, and a health class, called Footsteps to Health, led by program nurses. Both classes are optional but have been well attended. The 12-week parenting class covers child development and child care skills, including how to nurture children and how to discipline them appropriately. "Our major focus in Footsteps to Health has been nutrition," says Charlene Ono. "We were finding that many participants really need help in figuring out what to eat themselves and how to feed their families. However, we now want to expand from five sessions to eight or ten and incorporate information on topics like family planning and how to stop smoking."

Supervised Study and Tutoring

The employment counselor oversees the participant's employment, education, and training activities. Hawaii JOBS encourages participants to consider attending community or four-year colleges. Approximately three quarters of participants now in employment and training components are in education and training, as opposed to job search or work experience. A special JOBS liaison is outstationed to the five community colleges now attended by JOBS participants. His major responsibility is to oversee the scheduling of all JOBS activities, like GED (high school equivalency certification) classes, that take place on the campuses. The liaison also arranges for JOBS participants to attend supervised study and tutoring sessions in community college learning centers. "The impetus for this activity," says Garry Kemp, "was the need to have a formal component to cover the full amount of time participants spend in school, including study time out of the classroom. But we've found that supervised study sessions also have other benefits. Mothers need to have structured study time away from children. Then, when they are with the children, it's more likely they'll be able to give them their undivided attention."

Hawaii JOBS program administrators recognize that their program will require a number of refinements. But as they formulate plans for 1992 and

beyond, they say they will be building on a solid foundation—a JOBS program willing to work with hard-to-serve families that carefully assesses participants' strengths and problems, and provides them with highly supportive case management. "We wanted to do what's seldom been done," says Garry Kemp, "and that is look end to end at what families need to become self-sufficient, and then to help them meet as many of those needs as possible."

Program Contact: Garry Kemp
Special Assistant
Hawaii Department of Human Services
(808) 586-5107

The Denver Family Opportunity Program

Among JOBS programs, the Denver Family Opportunity program (DFO), is distinguished by an unusually strong commitment to serving the entire AFDC family. DFO also enjoys an exceptionally strong relationship to the broader Denver community. According to program managers, it is no accident that these two features converge in one program. They believe that without DFO's connections to agencies and institutions throughout Denver, the program would be in a far less favorable position to address the multiple needs of AFDC parents and their children.

The program serves some 750 participants, almost all volunteers, and has a large waiting list that currently numbers about 1,000. Case managers typically work with 60 participants. DFO staff note that this caseload may be considered low by other JOBS programs but is actually high for the kind of personalized approach to case management taken by their program. Case managers meet with each new participant at least two or three times to develop an individualized self-sufficiency plan and then are expected to contact participants monthly when they are involved in DFO employment and training activities. These activities stress human capital development over immediate job placement. At the end of 1990, one fifth of DFO participants were in post-secondary education and another two fifths had placements in adult basic education, GED (high school equivalency certification) training, or job training. Noting that traditionally about half of Colorado AFDC recipients who leave the welfare rolls return to public assistance, DFO staff believe that many of their participants cannot become permanently self-sufficient without a relatively long-term investment in education and training.

A Drop-In Child Care Center

DFO's pronounced family orientation is reflected in a number of different activities and services. Many participants become aware of DFO's interest in families at their first appointments when they are invited to use Good Beginnings, the program's drop-in child care center. This service allows parents to concentrate on the demanding task of developing their self-sufficiency plans. According to DFO staff, however, the attractive child care center offers parents much more than convenience. It also conveys the message that DFO cares about children and provides an early introduction to the kind of quality that parents should look for when they seek permanent care. Managed by Mile High Child Care Association, a respected Denver network of child care facilities, and directed by an experienced child care professional, the center served over 800 children during its first six months of operation.

As participants enter DFO, staff devote considerable effort to making a full assessment of their needs and circumstances. Part of this effort focuses directly on the children. Parents who enroll in DFO are asked if they would like their children to be given a free 40-minute developmental screening by a trained volunteer. Case managers receive the results and are given information about how to interpret them. When problems are detected, children are referred to a more intensive early intervention screening conducted through the Child Find unit of the Denver Public Schools. Case managers are expected to help parents follow up on any needs identified through these screens or through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. EPSDT screens are available to many Denver families through the Neighborhood Health Program of Denver Health and Hospitals, a network of community clinics, and DFO is currently working to increase the availability of EPSDT screens for families who use private physicians.

Encouraging Parents to Use Screenings

Initially DFO found that only a small proportion of participants were choosing to have their children undergo the program's 40-minute screenings. Many parents did not fully understand the purpose of a screening, and some may have been hesitant to give additional information about their families to the Department of Social Services, says Alana Smart, a DFO staff member who specializes in resource development. To encourage parents to take advantage of the screens and convey the message that the service is intended to help, not intrude on, the family, the program has begun inviting new DFO enrollees to monthly "screening parties." Parents attending the parties are given the opportunity to learn more about the screening process in a friendly atmosphere. The response has been very favorable, reports Smart. Over 20 children were screened at the first party, and the schedule for the next one is filled. Despite the early challenges involved in making screens a widely used feature of DFO, Alana Smart notes that parents who have used the service have appreciated it. "Some screens have flagged specific problems and even when they haven't, a discussion of the screen gives case managers a chance to point out to parents that their children are functioning well in several domains—and that's an important source of affirmation for these parents as they begin their association with DFO."

As in many JOBS programs, the first step in articulating the new participant's self-sufficiency goals and the steps needed to achieve them is a written employability plan that she and her caseworker develop jointly. Also following common pr tice, the plan specifies how the participant intends to handle her child care needs. According to program staff, many new enrollees have never had the experience of arranging for regular care for

their children. As an introduction to the issues involved in selecting providers, parents are shown a video about the process of looking for high quality care. Case managers then help participants locate and choose caregivers. Although they are not child care specialists, case managers have been given several hours of training on how to support parents' efforts to arrange child care.

Staff point out that in helping participants find child care, DFO is fortunate in being able to draw upon an unusually strong group of local child care providers, including many high caliber centers. About 60 to 70 percent of DFO participants with children in child care are using licensed care. Within this group, over 70 percent of the children are cared for in centers.

Family Assessments

In addition to specifying a participant's plans for child care and any needs identified through child screens, a DFO employability plan reflects what is learned from a very full family assessment. The assessment is designed to elicit information on a range of topics including parenting, educational progress of older children, family violence, housing needs, and the availability of support networks. Case managers report that some parents are initially reluctant to disclose problems, but because staff are able to meet with them several times, it is possible to establish more trusting relationships and gradually develop fuller pictures of the family's needs and circumstances.

As family needs and problems come to light either through the assessment process or in subsequent discussions with participants, case managers work to connect families with services available in the community. Some help is available at DFO offices. For example, a housing specialist is on site once a week to work with DFO participants. This specialist, a staff member of a private, nonprofit organization, Housing Information Referral Service (HIRS), has compiled a data base of low-income housing available in Denver. DFO, which considers resource development for local family services as part of its overall mission, helped secure a grant to support the work of this HIRS staff member. The specialist searches the data base for DFO participants referred to him by case managers. He also connects some participants with a local Habitat sweat equity project and helps others apply for Section 8 housing certificates that have been designated for DFO participants by the Denver Housing Authority.

Links to Other Programs

DFO also offers help to participants through referrals. In many instances, the agency that the case manager contacts on behalf of the family is one of 40 with which DFO has signed an interagency agreement. The state JOBS plan mandates these documents, and DFO staff say that they take the obli-

gation very seriously. Even more important than the written agreements, they believe, is the process of communication and negotiation that produces them. When case managers initially seek out services for DFO participants from agencies, the fact that there is an agreement in place means that DFO is known to the agency, adding legitimacy to the case manager's efforts on behalf of participants. Subsequently, case managers find the agreements helpful because they spell out staff roles, program responsibilities, and mechanisms for resolving disputes. "When DFO signed an interagency agreement with the Denver Public Schools," says Sue Kenney, who staffs one of DFO's advisory committees, the Youth Task Force, "for the first time there was a teen parent liaison in each school whom DSS could contact about DFO teen parents. What is more, the liaisons meet regularly to discuss common concerns." Kenney notes that this new structure gave DFO and the Denver Public Schools a starting point for discussions about how to develop school policies that enable teen parents to take appropriate time off and otherwise reconcile the demands of school and parenthood.

Another important connection that DFO has established is with the federally funded Comprehensive Child Development Program (CCDP). Like all of the two-dozen sites in the national CCDP demonstration, Denver's CCDP, Family Futures, is targeted to low-income pregnant women and families with children under age one, offering them up to five years of comprehensive case-managed services, including health screens, immunizations, child care and early childhood education, parenting education, referrals to education and training, and housing assistance. Most participants in Family Futures are also enrolled in JOBS, and DFO has outstationed two of its case managers to the program, where they are responsible for providing case management for all participants. The CCDP grant pays the salaries of the DFO case managers, while their fringe benefits are covered by DFO. "CCDP offers many of the health and child development services that DFO tries to provide to other participants. But unlike most DFO participants, who are referred to these services, CCDP/DFO parents can find most of them in one site," says DFO administrator Betty Donovan.

DFO has also developed an interagency agreement with Head Start and has been working with Head Start managers to encourage recruitment of the children of DFO participants into Head Start. In order to better serve these families, DFO is encouraging Head Start to develop full-day slots. As of fall 1991, one local Head Start center will offer full-day care for 20 children, a number of whom are expected to be the children of DFO participants. A second full-day Head Start program that will serve residents of a Denver housing development and the surrounding neighborhood will open in early 1992.

An Unusual Structure

In addition to interagency agreements, DFO has used other strategies to root itself in the broader Denver community. One of the most striking features of the program is an organizational and managerial structure designed to give many city institutions a stake in its operations. Rather than being managed solely by the Denver Department of Social Services (DSS), DFO is defined as a "public/private partnership." Over 100 Denver organizations and agencies—a group including institutions as diverse as the Colorado Trust, the Denver League of Women Voters, Mi Casa Resource Center for Women, and the Community College of Denver—are considered DFO "participating organizations." They are covered by an umbrella group, the Denver Family Opportunity Council, that provides guidance for DFO's planning, policy, and resource development activities. Council membership gives participating organizations a general sense of affiliation with DFO. In many cases, staff members of private organizations view the affiliation as an opportunity to communicate their concerns to DSS, a public agency that previously seemed somewhat remote from their own work. While member organizations vary in the strength of their connection to DFO, "we have been extremely pleased," says Byron McClenney, president of the Community College of Denver, who chairs the council, "that many council members have been willing to go well beyond an advisory role. They have brought to the table real resources and influence to assist DFO."

Assisted by five professional staff members, the council carries out its work through oversight committees, a Client Advisory Board, a Resource Development Committee, and six task forces. Each of the task forces monitors and plans for improvements in a particular facet of the overall DFO program—employment and training, youth services, children's services, health, neighborhoods, and housing. Plans and recommendations from the task forces and the Client Advisory Board are forwarded to executive and steering committees, which set overall priorities for the council's action agenda.

"The Client Advisory Board reflects our belief that the JOBS participants are the most important constituency for the program," says Jeanne Orrben, the Denver DSS official who directs DFO's community efforts. All DFO participants are invited to join the Client Advisory Board when they enter the program. The board reviews and comments on many plans as they evolve, and members have also testified at legislative hearings and helped to train new case managers. Responding to a board recommendation, DFO created neighborhood-based peer support groups, which offer DFO program participants practical advice and support as they confront new challenges associated with the effort to become self-sufficient.

The council and task forces were established in 1988 by Denver's mayor to plan DFO. Each task force was responsible for assessing the needs of prospective DFO participants related to its specific topic area. Needs were then prioritized, reviewed by the council and the Client Advisory Board, and incorporated into the first-year action plan for DFO.

Task force members continue to work on the council's recommendations. They also respond to new issues as they emerge. "It's a dynamic model," says Alana Smart. To illustrate, she describes how the Health Task Force tackled a problem brought to its attention by members of the Client Advisory Board. They reported that several DFO participants were frustrated by the rules and procedures of a major private Medicaid clinic in Denver. Parents found the regulations too rigid. For example, a restriction on the number of individuals accompanying a patient to the clinic meant that some mothers were unable to bring their children to their appointments. "The story wasn't one-sided," says Alana Smart. "The clinic also had concerns, including a high no-show rate for our clients and a very small waiting room." Members of the DFO Client Advisory Board and Health Task Force decided that the conflicts required negotiations. A series of four meetings between DFO representatives and clinic managers resulted in an entirely new set of rules for the facility. "The tone is very different," says Anita Garret, chair of the Client Advisory Board. "For example, the rules now begin with a statement that the facility and patients need to work together to provide quality health care to families. We're very excited about how the Client Advisory Board and the task force surfaced a problem and helped both parties speak frankly and reach agreement."

DFO Children's Task Force

The DFO Children's Task Force has been active in advocating for two changes in state and local financing policies that members believe would expand the access that current and former DFO participants have to good child care. Along with other local organizations and the Colorado Department of Social Services, task force members have informed the state legislature of a serious problem with Colorado's sliding fee scale for Transitional Child Care. The fee scale creates a "cliff" for some former welfare recipients who would suddenly face very large escalations in their child care costs because of a relatively modest increment in their salaries. The task force is encouraging the state to develop a more equitable arrangement for these parents. DFO has also been an active partner in efforts to raise the reimbursement rate for all subsidized child care in the state to full market rate, or as close as possible to that level.

Besides participating in DFO's various decisionmaking bodies, community groups support the program with financial and in-kind contributions. The development of DFO's drop-in child care center is one indication of the program's capacity to secure help from many different groups. Mile High Child Care Association spent a year and a half helping DFO plan the center and now is responsible for managing and staffing the facility. The center's first year of operations was supported in part by a $20,000 grant from Denver's public utility company, the Public Service Company of Colorado. Junior League of Denver volunteers first helped to clean, paint, and equip the facility and subsequently have undergone training to conduct the child development screenings offered to the children who use it and to other DFO children.

In enacting the Family Support Act, Congress called for the coordination of JOBS with other employment, training, and education programs. This interest was prompted by a conviction that rather than remaining the exclusive concern of human service departments, welfare-to-work programs should be part of a mainstream of state and community initiatives to help the hard-to-employ. DFO demonstrates a promising approach to incorporating JOBS into that mainstream. "Fundamental reform of the public welfare system cannot be achieved in isolation," observes Jeanne Orrben. "The DFO public/private partnership has allowed our department and the community to work together towards common tasks—developing new services, improving service coordination, and advocating for important reforms."

DFO's collaborative structure is used to strengthen the employment and training assistance available to adults in the program. But program staff believe that job-readiness services for adults, even when they are intensive and long-term, are often not enough. "JOBS participants have children and those children also need program services," says Denver DSS manager Marva Hammons. "If success is to be achieved over the long term for the whole family, we can't afford to ignore this basic fact of life. That's why DFO is making a concentrated effort to build the capacities of both parents and children."

Program Contact: Alana Smart
Program Consultant
Denver Family Opportunity Program
(303) 727-2919

The Baltimore LOCATE Service:
Using a Resource and Referral Agency to Help JOBS Parents Find Child Care

When the Maryland JOBS program, Project Independence, began operations in Baltimore, staff of the Department of Social Services (DSS) frequently found themselves overwhelmed by the need to find child care for participants. Because DSS workers carried many other administrative responsibilities for the program, they had little time to negotiate the complex task of helping each participant pinpoint a child care situation that would meet her needs. A number of participants scheduled to start a training program had to delay or cancel their enrollment because child care arrangements were not in place.

Today, Project Independence child care operations function much more smoothly, in large measure because the program has turned for help to an experienced child care resource and referral (R&R) service called LOCATE: Child Care. During the first year of working with Project Independence, LOCATE found care for some 70 percent of children in Project Independence families that used the service. Furthermore, Project Independence parents who use LOCATE are taken through a step-by-step process that usually results in an opportunity to make an informed choice among a small number of providers who have vacancies and who seem likely to suit the parent's requirements for care. All referrals are to regulated providers. Since Maryland's child care regulations are among the most demanding in the country, Project Independence participants served by LOCATE are assured that their children's caregivers will meet minimum standards of quality.

LOCATE is not limited to welfare recipients. Its R&R services are used by a number of corporations around the state. The fact that LOCATE spans income groups is important, says Sandra Skolnik, executive director of the Maryland Committee for Children, a nonprofit policy and advocacy organization that focuses on child care and early childhood education and operates LOCATE. "When LOCATE began working with Project Independence," she recalls, "we were committed to offering low-income parents the same quality of services as the program gives its corporate clients."

LOCATE Counselors

LOCATE counselors are child care specialists; they hold degrees in early childhood education or related disciplines and have themselves worked in the child care field. Counselors draw on a computerized data base covering all regulated child care facilities in the state, including child development

centers and Head Start programs. Rather than simply making information from that system available to a parent, the counselors provide what is known by resource and referral agencies as "enhanced services." Counselors conduct an initial telephone search to identify appropriate vacancies and then present the parent with a selection of providers with openings.

Project Independence enrollees generally learn about LOCATE from DSS workers, who tell them that if they need help in finding care, they can call a LOCATE telephone number designated exclusively for their use and talk to one of the three counselors assigned to Project Independence. If they prefer, they can meet personally with the counselor. In their first conversations with parents, LOCATE counselors query them about the needs and characteristics of their children, work hours, and transportation situations. The information is entered into the computer program, which conducts an initial search for providers who generally fit the profile of the caregiver the parent needs. Counselors check on vacancies and then send parents a list of likely providers. The mailing to parents also includes a pamphlet entitled "Choosing Child Care," a Project Independence version of standard LOCATE material designed for easy readability. The pamphlet contains a checklist of tips and reminders, including what questions to ask a provider over the telephone and what to look for at the child care site.

Helping Parents Assess Child Care

The information in the pamphlet reinforces points that counselors have already made to Project Independence parents in earlier discussions. "The counselors create a supportive atmosphere that helps parents work through all the issues and understand the importance of high quality care," says Skolnik. Sandra Hackley, who has counseled large numbers of Project Independence parents and who now directs LOCATE for Baltimore City, describes how counselors help parents select good care. "We urge parents to visit caregivers and we talk to them about what to look for. Because we know parents can get overwhelmed when they first see a facility, we encourage them to focus on three major areas—the environment, the caregiver, and the children.

"For each of those topics, we suggest common-sense questions. For example, about the environment, parents can ask: Is it geared to children? Are pictures at eye level? Are there toys that are appropriate to children's ages? If it is a family day care home, is it filled with decorative objects that children could easily break? If the facility is to be used for an infant, is there space to crawl and is it clean? We recommend several questions about providers: Do they spend most of their time talking to each other or are they relating to the children? Do they generally speak in calm, soothing

voices to the children, or do they yell at them across the room? Are they always standing up over the children or do they bend down to communicate with them at their level? We also tell parents to trust their instincts about a provider; if they're uncomfortable, they should weigh those feelings seriously in making their decisions. And we encourage parents to talk to other parents already using the facility."

Becoming Active Decisionmakers

Hackley adds that the whole thrust of LOCATE's advice to parents is to help them become active decisionmakers about child care. "Many parents on welfare," she says, "have been accustomed to being told where to go and what to do. What we want to convey is that it's up to them to gather information, observe, ask questions." These are the same skills, she notes, that many Project Independence parents will need in the work world.

Approximately one week after parents are given the list of potential caregivers, counselors make check-in calls to see how the search is going. "At first, we weren't calling at this point," says Arna Griffith, who formerly worked with Baltimore LOCATE and now directs the statewide LOCATE service. "But we discovered that there are issues that come up in the search that parents hesitate to raise but that counselors can help resolve." Conversations with counselors, both initially and during the check-in calls, can reveal concerns not strictly related to the child care placement. Interestingly, says Sandra Hackley, "the telephone can be a really good counseling tool," encouraging parents to confront problems that they might be more reluctant to explore in a face-to-face interview. For example, parents who have recently moved to new neighborhoods have confided to counselors that they feel isolated. Sometimes, too, counselors can identify needs that are not directly expressed. "I have had a parent call me from a telephone booth to tell me she needs child care," says Hackley, "and I figure out what she really needs first is housing."

Rather than dismiss such problems as not within their purview, LOCATE counselors try to help. They draw on LOCATE's community resource file for names of relevant programs, services, and individuals who can assist the parents. "LOCATE is not the Department of Social Services," says Arna Griffith, "but when our clients do let us know about particular needs, we believe it is our responsibility to respond. Clients on AFDC may have an especially difficult set of circumstances to contend with, so we are happy to be able to use our information to ease their way." Griffith notes that while there are no formal requirements for LOCATE counselors to transmit information about parents' needs to DSS workers, counselors have established the practice of contacting DSS when they learn about problems that they think the department can address.

Children With Special Needs

One LOCATE counselor works exclusively with parents of children with special needs, and Project Independence parents who fall into this category are referred to her for help. Reflecting LOCATE's interest in developing rapport between parents and counselors, the counselor who assumes responsibility for finding care for a Project Independence child with special needs is automatically assigned to all other children in the family, regardless of whether they, too, have special needs. Out of the 1,782 Project Independence children whom LOCATE tried to place over a period of 12 months, 98 were identified as having special needs associated with a variety of conditions, including developmental delays and AIDS.

Sometimes a counselor's first efforts to find care for a parent are unsuccessful—because of a child's special needs, because the child must be placed with siblings, because of the parent's schedule or transportation situation, or for one of the many other reasons that complicate placement. Counselors alert both the parents and Project Independence to the problem, but persist in searching for suitable care. When one counselor found a single family day care provider willing to care for a Project Independence family with five children, including an infant, the Project Independence parent called her a "miracle worker."

While counselors take pride in such accomplishments, they make it clear that the search for certain kinds of care situations can be frustrating. Among the most stubborn problems are a scarcity of infant and school-age care and a lack of escort services to and from programs, particularly half-day preschool and kindergarten programs. One advantage of the LOCATE system is that such difficulties are not merely noted; they are also communicated to another division of the Maryland Committee for Children called TECHNIC, which works to expand the state's supply of quality child care. Information from LOCATE counselors helps TECHNIC workers target their supply-building efforts on the kinds of providers that are reported to be most in demand.

Follow-Up

Once parents have found care, LOCATE follows up to determine if they are satisfied. "My impression is that usually parents call us needing a new placement because they have moved—this is a highly mobile population—or because they have decided they want to shift from family day care to center-based care that might provide a more enriching experience for the child," says Sandra Hackley. "More rarely, we have parents who want to change providers because of an argument. In those situations, we often counsel parents to first be certain that they have articulated their concerns clearly and calmly to the provider. This approach creates more opportunity

for working on solutions." But generally, says Hackley, Project Independence families do seem to be pleased with the child care they choose. Results from a survey of Project Independence parents who used LOCATE during the first year indicate that almost 90 percent rated their satisfaction with the placement as above average.

Unlike some R&Rs that work with JOBS programs, LOCATE does not handle child care payments; these are the responsibility of DSS workers. Making certain that paperwork flows smoothly from one organization to the other necessitates that LOCATE and DSS workers communicate with each other almost on a daily basis. In the months immediately after LOCATE assumed responsibility for parent counseling, the two staffs were unaccustomed to working with one another. But as it became clear that the new division of responsibility led to better services for Project Independence parents, cooperation grew.

"LOCATE has eased the burden on our Project Independence case managers and child care staff," says Eva Austin, acting director of Baltimore City DSS. "In fact, because of the teamwork that's developed between LOCATE and Project Independence staff, we consider LOCATE an integral part of our overall Project Independence system." Sandra Skolnik is similarly pleased with the working relationship that DSS and LOCATE have established with one another. "LOCATE benefits from working with the local DSS," she says. "The association has enriched LOCATE counselors' understanding of the child care needs of low-income families."

It was Skolnik who helped to introduce Project Independence to the Maryland Committee for Children and LOCATE. She had been involved in the Governor's Employment Policy Committee planning activities for Project Independence from their inception. When members of the committee became concerned about the Baltimore program's capacity to identify child care for participants, she told them about LOCATE's record of service to corporations. The committee recommended a pilot test of LOCATE's ability to find care for a group of hard-to-place children of Project Independence enrollees. Based on the success of that effort, the Maryland Department of Human Resources contracted with the Maryland Committee for Children in late 1989 to provide enhanced resource and referral services to 1,000 Project Independence participants. In the first contract year, LOCATE served a somewhat greater number of parents—1,145—all parents who contacted LOCATE for help, amounting to approximately 15 percent of the Project Independence parents who used child care during that period.

The original plan for LOCATE services, which called for on-site counseling to Project Independence enrollees during their orientations, would have given counselors an opportunity to discuss the benefits of their services and

of regulated care with the entire caseload. However, the Maryland Committee for Children concluded that the scheduling requirements and expense involved in travel by LOCATE counselors to DSS sites outweighed the advantages of this approach. "We decided," says Griffith, "that counselors' time was better spent in more telephone contact with parents." Using a system that allows LOCATE staff to work out of their own offices, the Maryland Committee for Children estimates that the average cost of serving a Project Independence parent is approximately $228.

Promoting LOCATE Services

Although LOCATE served more Project Independence participants in its first year of operation than the number required in its contract with DSS, the proportion of program enrollees who contacted LOCATE for help—15 percent—was relatively low. A much higher proportion of Project Independence participants used LOCATE services in the second year. The reason, says Duane Dennis, formerly director of child care for Baltimore DSS and now the executive director for the Baltimore Child Care Resource Center, is that DSS workers began to assume a more active role in promoting LOCATE services and encouraging parents to consider the benefits of regulated care. "Now that DSS workers better understand the benefits LOCATE can provide," says Dennis, "they have become the first line of education about how to identify quality care."

Despite the second-year upsurge in the proportion of Project Independence parents who contacted LOCATE for help, the absolute number of program participants served by LOCATE dropped to 500, reflecting sharply reduced intake into Project Independence during that period. Monthly enrollments are now rising. In anticipation of the expansion, LOCATE, which recently began a new contract cycle with Project Independence, estimates that its counselors will be working with approximately 100 Project Independence participants a month.

Access to Preschool Programs

Among the challenges that the Maryland Committee for Children would like to address in this new phase of work with Project Independence is finding ways to ensure that more parents in the program have access to developmental preschool programs. One obstacle has been that the half-day structure of most of these programs often fails to meet the needs of parents in work or training. The committee will be issuing a policy paper on possibilities for increasing families' access to strong preschool programs. "New federal monies coming to Maryland from the expanded Head Start program and child care initiatives," the paper states, "should be targeted to collaborative programs that pull together resources from many different state and

local agencies." To stimulate thought on how to bring about such change, the paper poses a series of questions on the eligibility criteria, administration, standards, service content, and other features that should characterize a more coordinated system.[47]

LOCATE staff believe that this kind of systemwide change offers counselors a solution to the obstacles they currently face when a mother's work or training hours do not match the hours of a Head Start or preschool program. Meanwhile, staff are exploring shorter-term strategies to facilitate preschool enrollment for Project Independence children. "Our first data base for the program didn't make provision for recording whether a provider is near a school bus route," says Griffith. "Our redesigned system allows us to access that information. Just that simple addition may make it easier for the counselor to help a family arrange to have a child participate in a preschool program at a local elementary school and then to travel to a provider who will care for the child for the rest of the day."

Both LOCATE and DSS program managers expect that the challenges of finding good care for Project Independence parents will remain significant for the foreseeable future. Still, they share a belief in the importance of using a well organized, professional resource and referral agency as a means of matching parents with appropriate providers. "DSS believes in giving JOBS participants options for child care," says Duane Dennis. "DSS also believes that its mission is to educate them about the elements of quality care. LOCATE is our primary means of fulfilling that mission."

Program Contact: Arna Griffith
Director
LOCATE: Child Care
Maryland Committee for Children
(418) 752-7588

Child Care Planning for JOBS in the Illinois Department of Public Aid

A key question to ask in assessing the capacity of a JOBS program to take children's needs into account is how easily participants are able to avail themselves of high quality child care services. Because the child care "system" is decentralized, the answer depends heavily on local conditions—the kind of advice that participants get from their caseworkers or other staff, the location of centers and family day care homes, and the extent to which providers are willing to accept JOBS families and JOBS subsidies. But local conditions are not the only determinant of the kinds of options available to parents. As illustrated by work within the Illinois Department of Public Aid, careful planning at the state level can contribute to the overall strength of JOBS child care.

Founded in 1989 in response to the new child care challenges generated by FSA, the Department of Public Aid's Child Care and Development (CCD) section derives its authority from an unusual allocation of responsibilities for child care within a state government. CCD oversees all child care for AFDC recipients, while other subsidized child care, including the new federal Child Care Block Grant, is handled through the Illinois Department of Children and Family Services. Michele Piel, CCD's manager, believes that regardless of the particular organizational arrangement that is chosen, it makes sense to hold one group of state child care officials specifically responsible for AFDC child care. "My counterpart, the child care office within the Department of Children and Family Services, does outstanding work," says Piel, "but almost by definition it has never focused intensively on the child care needs of the welfare population. And largely because of the way AFDC and JOBS are structured, those needs can be special." Piel cites the particular eligibility issues that face officials trying to offer child care subsidies to parents in the AFDC system—for example, how to pay for child care for a parent who is working but still receiving welfare payments. "We spend a lot of time," she says, "asking ourselves 'What are the special needs of our clients? What's different about the situation of an AFDC recipient when she looks for child care?' Then we ask, 'What problems do we have to solve to be sure those differences don't impede her access to good child care?'"

This second part of CCD's mission, Piel adds, means that "staff must sit at every table" where plans are being made for the state's child care system. While convinced of the benefits of a special focus on AFDC families, Piel is

equally certain that she and her staff need to communicate regularly with other child care officials and with administrators in related agencies such as the state Department of Education. Such contact enables them both to keep abreast of developments elsewhere in the system and to ensure that the needs of welfare families are taken into account when statewide policies that could affect these families are considered.

Finding Out What Parents Want

Since its inception, CCD has taken a number of different steps to try to understand and meet the needs of AFDC parents, including parents in Project Chance, the Illinois JOBS program. "At the outset," recalls Michele Piel, "we really knew very little about what kind of care AFDC families were using and what they wanted. So we made a major effort to find out." The office fielded a child care survey of 7,000 AFDC recipients throughout the state. There were answers from half of the recipients contacted—an impressive response rate, staff point out. To enrich the survey information, the office convened 12 focus groups of AFDC parents and conducted in-depth telephone interviews with subgroups of parents covered by the survey.

A report on the study was released in the fall of 1991. One of its most important findings emerged from the focus group discussions. When asked what kind of care they wanted for their children, a sizable number of focus group parents cited characteristics that indicated a clear understanding of the elements of high quality care. Many, however, said that logistical, financial, and other obstacles kept them from using the kind of care they believe would be best for their children. Another interesting finding from the study was that the number of survey respondents who said they prefer to use center care was twice as large as the number who said they were already using it. The study also pointed to the high frequency of change in respondents' residences and other life circumstances, indicating another source of difficulty in helping them secure stable care situations. Work schedules, too, may be a constraint on child care choices. Many survey respondents worked at night or on the weekend, times that rule out coverage from virtually all child care centers.

Expanding Access

"CCD certainly can't solve all the child care access problems uncovered in the study," says Michele Piel. "But the findings do confirm the need for our continuing efforts to broaden the range of options available to these families." She describes one of the steps taken by CCD to improve the continuity of care for a group of AFDC parents, many of them former Project Chance participants, who continued to be eligible for welfare after they began working. By federal rule, the source of support available to these

families through the "earned income disregard"—a method of subtracting child care costs from the amount of income counted to calculate the welfare grant—is less than the subsidy provided during training and also less than the Transitional Child Care (TCC) subsidy offered to employed recipients off welfare. Piel's staff developed procedures for supplementing the disregard to allowable state maximums, eliminating the pressure on these families to shift caregivers because of changes in their subsidy levels.

CCD staff believe that a project they are planning—the design of a child care management information system to cover all Department of Public Aid child care—could greatly improve their department's capacity to pinpoint families in danger of leaving providers because of changes in subsidy levels. The new information system could also track families' use of different subsidies. Eventually, CCD hopes to merge its information with data from the Department of Children and Family Services, thus creating a comprehensive, statewide child care information system.

According to Michele Piel, information on exactly what subsidies families are using is a powerful tool for expanding the supply of good care. "When there are waiting lists for a given subsidy, we need to know if any of the families currently covered could be moved to a different subsidy in order to free up slots for families eligible only for that one kind of assistance. Like all states, we also need to look very carefully at what funding streams we're using to maximize our access to federal matching funds." Piel points out that CCD looks to the new federal Child Care Block Grant and the Title IV-A At-Risk Program as a means of expanding the pool of resources available to Project Chance participants and graduates.

CCD's Head Start Demonstration

The goals of encouraging continuity of care and maximizing resources converge in another CCD project—a demonstration involving four Head Start programs. Each of them has been funded for one year to offer AFDC families, including Project Chance families, extended-day Head Start services. "The full-day Head Start model is appealing," says Michele Piel, "because it gives families a high quality Head Start program while providing children with a continuous caregiving experience in one setting." Piel adds that her department needs more information on the model's fiscal viability. "What happens when the afternoon portion of a full-day slot is funded through JOBS and the Project Chance parent loses a job? Do we continue the child full-day under other funding? Or if a significant number of children are in this situation and they start to attend only in the morning, can the provider manage to maintain staffing levels?" Information from the four demonstration programs, all in different settings and with different staff structures,

will help to answer such questions. Over the course of a year, CCD will track the subsidies used for each child as parents move through various phases of JOBS. Once the data are analyzed, CCD will have a fuller understanding of the funding issues involved in operating the model.

Another promising source of high quality extended-day care for Project Chance families is a new collaborative program sponsored by the Illinois State Board of Education, the Illinois Department of Public Aid, and the Department of Children and Family Services. The program offers enriched preschool education to children identified as academically at risk. Originally, most of the classrooms were half-day, but through the efforts of CCD and the Department of Children and Family Services, extended-day classrooms will soon be available in 12 school districts.

Michele Piel cites her department's active cultivation of this program as an example of its efforts to influence child care policies outside the JOBS system on behalf of AFDC families. Just as important, she observes, is the way in which policy decisions within the JOBS system can influence the quality of Project Chance child care. Last year, when state officials were struggling with the problem of how to respond to anticipated shortfalls in child care funds, she says, "it was tempting to respond by lowering reimbursement rates for providers. But we recognized that such a crisis measure could undermine long-range efforts to build a quality system. Partly because we and others were clear on that issue, there was a shift to cost containment measures that did not substantially affect Project Chance child care policies."

"All My Child Care"

Still another set of CCD activities has focused on efforts to heighten parents' awareness of their child care options. Often, says Piel, parents on welfare are unfamiliar with the full range of choices available to them because they assume that certain kinds of care are beyond their budgets. "There's a facility around the corner, but they've never walked through the door. Our new child care video encourages them to take a look. The message is, 'There are more choices than you might have believed.'"

The video, produced by CCD, is designed to be used in Project Chance waiting rooms, orientations, and staff training as well as in child care resource and referral offices and other social service agencies. Entitled "All My Child Care," the video has a soap-opera format. "Rather than offering a dry summary of different types of subsidies and caregivers," says Michele Piel, "we wanted to draw parents in by presenting them with real-life problems associated with finding good child care." Vignettes include a mother who must cope with the problem of trying to find a caregiver in a hurry

because the grandmother is no longer able to care for her child. "Child care does fall apart," says Piel. "This is a tricky issue to handle for parents who haven't used much regular care, but we thought it was important to show." Piel adds that an effort was made to ensure that all the caregiving situations portrayed were high caliber. "The video is brief and it doesn't give a full-scale presentation of the elements of high quality care. But we did try to offer viewers a glimpse of what good care looks like."

One of the strongest messages of the video—and of companion posters and brochures developed as part of an overall AFDC/Project Chance child care outreach campaign—is that when parents have problems in finding care, they can get help. Parents are urged to contact newly established child care resource and referral (R&R) agencies operating under the auspices of the state Department of Children and Family Services. CCD staff believe, however, that a sizable number of Project Chance parents may not make a telephone call to R&R counselors solely on the basis of written and video information. Conversations between Project Chance caseworkers and parents about how the R&R counselors can help are seen as key in the effort to guide parents to R&R services. To alert Project Chance staff to the value of R&R services for these parents, joint R&R - Project Chance training sessions have been held. The sessions also help orient R&R staff to Project Chance.

The TCC Campaign

Like CCD's activities to promote the use of resource and referral agencies, another outreach effort, the Transitional Child Care (TCC) campaign, relies on a combination of written and personal communications to deliver a message. The campaign was developed in response to data showing low utilization of the state-sponsored transitional child care program that was operated before the inception of Project Chance. To boost usage rates, the office instituted the practice of automatically notifying all parents eligible for TCC of its availability near the time they were to move off AFDC. The practice has been carried on in Project Chance. "This helps," says Piel, "but we find that the notification makes the most sense to people if they've already heard about the subsidy in a face-to-face conversation. We therefore encourage Project Chance caseworkers to clearly explain the subsidy to parents even before they become eligible." A year after the inception of the TCC campaign, the use of TCC in Illinois had grown significantly.

Looking ahead, Michele Piel sees new issues for her office to tackle. "One of our next priorities," she says, "is something we might have never considered without the client survey. Many respondents reported that their children have health problems, such as asthma. That suggested that we really ought to make an effort to see that the child care offered to Project Chance

and other AFDC children connects them to good preventive health services." CCD will explore opportunities for making such linkages. For example, staff are now considering the possibility of devoting more training resources to workshops that could educate providers about children's health needs and how to help families gain access to health care.

A related CCD initiative now in the planning stages is a campaign to encourage child care providers to refer children to the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program. CCD will disseminate information on EPSDT to child care providers and R&R organizations throughout the state. In mapping out this campaign and other new projects, and in its accomplishments over the past two years, CCD demonstrates the value of a state taking a problem-solving approach to JOBS child care.

Program Contact: Michele Piel
Director
Child Care and Development
Illinois Department of Public Aid
(312) 793-3610

Philadelphia JOBS' Collaboration with Head Start

"We are trying to plan now for the kind of Head Start program families need for the balance of the decade, and beyond," explains David Lett, Head Start Region III administrator. A centerpiece of this planning is an effort to coordinate Philadelphia's JOBS program, called New Directions, with local Head Start grantees. Still in its early stages, this initiative illustrates the combination of vision and practical groundwork that is needed to launch a partnership designed to strengthen essential two-generation supports for vulnerable families.

In 1990, Philadelphia's seven Head Start agencies served 3,549 children and their families. Most are eligible for AFDC, and a large proportion of families are at risk of long-term welfare dependency by virtue of parents' limited educational attainment and employment experience. Thus, there is considerable overlap in the population served in Head Start and the kinds of families targeted by the JOBS program. A number of concerns and goals shared by administrators of these two programs led to an interest in collaboration.

"One serious worry," says Bill Stroup, deputy executive director of the Philadelphia County Assistance Office, "was that we might end up penalizing children of parents who participate in the JOBS program if we failed to make it possible for them to also have their children in Head Start. Many JOBS parents will need longer and more flexible child care hours than Head Start normally provides. Finding a way to accommodate these needs is central to the collaboration." Another impetus was Head Start parents' interest in education and job-training opportunities. David Lett observes that "Head Start has always had a mandate to help parents try to get ahead with literacy, education, and training experiences, and we've always had a significant number of parents eager to make this effort. But our capacity to help parents find appropriate education and employment-related services has been limited, and often we couldn't provide other supports such as child care and transportation. We think JOBS can be a major resource for this kind of assistance, and will help us address a critical need of Head Start families."

A System of Comprehensive Supports

From the start of negotiations, officials in both programs envisioned a system of comprehensive supports for families that would give parents genuine opportunities to improve their life circumstances and prospects for their children's future. Willa Webb, director of the Little Neighborhood Centers Head Start program, describes the supports that every Head Start

program is required to offer. "The Head Start program attends to the basic needs of the family, usually in more than one way. For example, Head Start provides cognitive and social stimulation for the child in classroom activities, but Head Start parents also learn about meeting these needs of their children by attending workshops and helping in the classroom. Mothers are encouraged to become advocates for themselves and their children. We provide child health screenings and preventive care, but we also encourage a mother to take an active role in guarding her own and her child's health. Often the best way to help a child thrive is to help the parent solve serious family problems or overcome depression and isolation. We do that too with counseling and referrals provided by our social services specialist, and with the supportive environment created by the Head Start teachers, mental health staff, and the mothers themselves. Our goal is to help give children the foundation they need to succeed in school, and families the means to keep children on a healthy track."

Bill Stroup explains how this array of Head Start services could complement the assistance that Philadelphia's JOBS program is striving to provide. "In New Directions, we are interested in a comprehensive approach to employment readiness, combined with the strong family supports offered by Head Start. Our philosophy is that we will do what it takes to help a parent become employable, whether the parent needs to begin with basic literacy classes or wishes to pursue a vocational goal that requires college-level coursework. One approach we are promoting now is combined education and training that connects the parent's development of new skills to immediate employment experience and the demands of the workplace. We are going to require that all JOBS literacy and education components incorporate employment training. If we add Head Start to the package, we know that a larger set of important family needs can be addressed, creating a truly comprehensive program."

A shared vision of how a linkage between Head Start and JOBS could benefit families evolved from a series of meetings over two years, beginning with a session attended by federal and local program managers, including David Lett, assistant regional administrator, Office of Family Supportive Services; Don José Stovall, executive director of the Philadelphia County Assistance Office, which administers JOBS; and Daniel Fascione, assistant regional administrator, Office of Family Security. "At that meeting we started to really learn about each other's programs," recalls Bill Stroup. "Before that discussion, our office only knew that Head Start existed, but not much else. We went on to convene meetings with the directors of Philadelphia's seven Head Start agencies, and to organize site visits so that program staff, including supervisors and front-line workers, could actually see the programs." During subsequent meetings with directors of two

Head Start agencies, Little Neighborhood Centers and Rainbow Community Head Start, JOBS officials hammered out specific roles and mechanisms that would encourage joint enrollment in the two programs and provide a cohesive, supportive experience for parents and children.

An Interagency Agreement

In February 1991 these two Head Start directors signed an agreement of cooperation with the County Assistance Office, which administers Philadelphia's JOBS program, New Directions. By clarifying the responsibilities of each program, the agreement provides a model of collaboration that may provide a useful starting point for similar initiatives. Among the obligations that the agreement assigns to Head Start are:

- informing parents about the New Directions (JOBS) program during their orientation to Head Start
- advising interested parents about available educational and employment training opportunities both within Head Start and through other job-readiness programs coordinated by New Directions
- completing a family needs assessment, providing ongoing counseling to monitor progress, making referrals to outside agencies as needed, and providing crisis intervention
- extending Head Start operating hours to accommodate the needs of parents jointly enrolled in Head Start and New Directions
- communicating information about the provision of family and vocational counseling, and client progress to New Directions via newly created reporting forms

The New Directions program, for its part, offers parents assistance with education and training, child care, and supportive services within an overall framework that emphasizes the development of human capital and the goal of long-term self-sufficiency. In addition to these mainstream JOBS services, the agreement with Head Start outlines new responsibilities that support the coordination of these programs:

- regularly scheduling New Directions orientations for Head Start parents based on monthly reports by Head Start staff
- providing training to Head Start staff about regulations, services, and procedures in New Directions
- establishing mutual goals and plans with Head Start and coordinating case management activities for each family jointly enrolled in New Directions and Head Start

It is expected that the remaining five Head Start agencies will soon participate in similar agreements with the Philadelphia County Assistance Office. Meanwhile, New Directions and Head Start have been working toward active collaboration by holding informational workshops for parents at Head Start centers. A recent meeting at the Richard Allen Head Start Center was organized by Susan Clarke, New Directions employment and training supervisor. This two-hour session attracted about 30 parents whose children attend the center, which serves 72 families in its 4 Head Start classrooms. Most of the families live in the housing development where the center is located.

Introducing Parents to New Directions

Susan Clarke began this lively session by describing the many opportunities for education, training, and job-readiness assistance that New Directions can offer Head Start parents. She emphasized that the program can help each person find the right starting place, whether that person needs to begin with basic skills or literacy instruction, or is ready for higher-level training and interested in a community college or vocational program. Clarke also explained the program's provision of supportive services and transitional child care and Medicaid benefits. After this introduction, several other representatives from New Directions spoke about the program, adding information and offering strong encouragement to parents to "take the first step to a better future."

Carmen Estrada, from New Direction's division of literacy and education, encouraged parents to think about the difference their involvement in New Directions would make to their children: "You may struggle each day, coping with the many demands in your life, but you will experience such appreciation for your accomplishments as you progress; and your children will benefit from seeing you persist step by step toward your goals." The actual process of meeting with a New Directions counselor was explained by Rose Schmidt, the case management supervisor of the local JOBS office where most of the Head Start parents receive their welfare assistance. A New Directions case manager from this same office, Thelma Jordan, extended a warm invitation to the parents to come talk to her or other counselors about the program.

Susan Clarke ended the formal part of the session with a description of the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program—materials on EPSDT were included with handouts on New Directions—and an expression of her commitment to help solve any problems parents might have along the way as they explore options in New Directions. Many parents stayed and talked about their individual interests

and circumstances with the presenters. Some parents asked whether evening classes were available, others wanted more information about transitional benefits, and several parents expressed a desire to attend training and education activities at sites as close to their homes as possible.

Getting Started

All parents were given two options for getting involved in New Directions: they could simply show up at one of the regularly scheduled orientations at the local JOBS offices, or they could make an appointment to meet with a counselor. Gladys Sithole, the director of the Richard Allen Head Start Center, said that her goal is "to make New Directions a part of the Head Start program. We'll talk about New Directions in the classrooms, in the hallways—every chance we get."

Several other activities will further strengthen the coordination between Philadelphia's Head Start and JOBS programs. David Lett reports that his office is working with the local community college system and the regional director from the U.S. Department of Education to develop supportive education and training opportunities for Head Start parents enrolled in New Directions, including on-site classes which would help parents remain actively involved in Head Start. Another effort is focused on families' child care needs. An upcoming technical assistance conference will allow Head Start program directors and New Directions officials to examine options for providing extended-day Head Start services to children of JOBS participants. The Little Neighborhood Centers Head Start program already provides some after-hours care with JOBS funding. Program directors believe that system-wide change could be accelerated through a collaborative effort to identify the best strategies for offering extended services for families who are jointly enrolled in New Directions and Head Start.

Setting Enrollment Targets

At present, only a small number of Head Start parents are enrolled in JOBS. Now that much of the groundwork for collaboration has been laid, program officials are working to develop a realistic timetable for enrolling a specified number of families in coordinated Head Start and JOBS services. Bill Stroup explains the importance of setting clear targets: "Without definite participation and service delivery goals, the collaboration effort could fade. Because there are so many problems to overcome each day in the individual programs, you have to find a way to also make coordination a high priority."

In addition to establishing a firm timetable, Susan Clarke observes that more work with district (neighborhood) JOBS offices is needed during the next stage of the collaboration. "Workers at this level need additional guidance about working with Head Start parents. Following initial site visits,

supervisors took a Head Start informational film back to district offices to help New Directions case managers learn more about Head Start services. Now that parents are being actively encouraged to go to their district offices, we have to follow up to make sure they are well received, and that local offices are given the support they need to serve Head Start families." At the Richard Allen Head Start Center, a new staff position, "educational coordinator," was created to build a strong relationship with district JOBS offices. Martha Jackson, newly hired for this position, will meet frequently with JOBS staff to support their work with Head Start families and will provide assistance to Head Start parents as they seek services in New Directions.

Don José Stovall views these efforts as central to the mission of New Directions. "A strategy that is family-centered with a clear focus on the well-being of children offers a high probability of breaking the cycle of welfare dependency. Increasingly in Philadelphia County we are employing the two-generation concept as we work to coordinate our programs with other services and enter into agency agreements that can help us meet families' diverse needs."

Program Contact: Susan Clarke
New Directions Employment and Training Supervisor
Philadelphia County Assistance Office
(215) 560-3268

Tampa, Florida JOBS Programs:
Orientations on Preventive Health Care

"It's an eye-opening experience for them," says David Vinton, describing how new enrollees in three Tampa, Florida, Project Independence (JOBS) programs react to his presentations on Medicaid and preventive health. Vinton and two of his colleagues in the Tampa district Medicaid office make weekly visits to the Project Independence offices, offering 45-minute sessions that are a regular feature of that program's five-day orientation. In his talks, Vinton tries to make certain that Project Independence parents have as much information as possible about the health care services available to them and their children. Often, he says, parents come to realize that they have been missing a chance to take advantage of services described to them only briefly in the midst of a great deal of information on the AFDC program. The parents attending Project Independence activities are a "captive audience," says Paulette Perkins, district office supervisor. "Compared to how we reach other AFDC recipients, we can make a much more personal presentation about available services to this group."

After David Vinton introduces himself to parents and hands out materials—including educational coloring books for children—he begins his talk by describing the Medicaid system for adults, how to use the system, and the obstacles to getting access to services. Parents are reminded that in their state, Medicaid entitles adults to such benefits as an annual physical, eye examinations every two years, hearing examinations every three years, and family planning consultations. To stress the availability and importance of family planning assistance, Vinton offers parents telephone numbers of gynecologists who accept Medicaid.

A "Gold Card" for Services

Vinton then turns to the subject of Medicaid services for children. He tells the group that because their Medicaid cards enable their children to take advantage of the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program, their family has a "gold card for services." In discussing EPSDT, Vinton stresses the importance of immunizations and other kinds of prevention. He illustrates the point with a situation familiar to many parents—a baby with an ear infection. A doctor can easily take care of this problem in the early stages, says Vinton, but if neglected, it can lead to hearing loss. Vinton then walks parents step by step through the EPSDT process. He describes how to arrange for a screen, what it should cover, how the procedure could lead to further referrals, and how to follow through on the referrals.

Following a description of Florida's new HMO (health maintenance organization) pilot project for welfare recipients, Vinton finishes his presentation with a discussion of the importance of personal empowerment in getting access to health services. "It's an advocacy approach," says Paulette Perkins, describing the tone of the sessions. The talks encourage parents not to be intimidated by doctors who perform the EPSDT screen, to ask questions so that they understand what is being done and what the next steps are, and to make certain that the doctor performs all 10 functions covered by the screen. By offering the names and telephone numbers of gynecologists and other commonly used specialists who accept Medicaid payments, presenters try to ease the process of locating providers, which can discourage parents unfamiliar with the health care system. Vinton and his colleagues also give parents their own office telephone numbers and encourage them to call if they have further questions. They frequently do, he says.

The telephone calls are an outgrowth of the way in which the sessions engage parents, observes Paulette Perkins, adding that her staff strive for a presentation that is both respectful and practical. "In some orientation sessions," she says, "people sit passively. But in these workshops, people take notes and have lots of questions. Often you see four or five hands waving in the air at once." The speakers manage to address a number of questions—for example, on transportation, birth control, coverage for prescription services—during their presentations, but to keep the discussion on track, they tell parents they will be available at the end of the talk to discuss more specific concerns. "And once the formal part of the program is over," says Perkins, "people stand in line to get more information."

Possibilities for Follow-Up

Vinton believes that a sizable number of parents who listen to his presentations do sign their children up for EPSDT screens, although neither the district Medicaid office nor the local Project Independence programs collect information that enables them to determine these results. "We have been more accustomed to doing outreach to clients via health facilities," says Paulette Perkins. "Outreach through the JOBS system is new to us, and it hadn't occurred to us until recently to try to track how many parents use EPSDT as a result of this particular activity. But in the future, we do want to develop a system for figuring out the effectiveness of this linkage."

The district Medicaid office does have a procedure in place to monitor the use and outcomes of EPSDT screens for its entire Medicaid population. When a child is given a screen, David Vinton and his colleagues in the district Medicaid office receive information on the outcomes. In cases when a child has been referred to a specialist as a result of the screen, the Medicaid

worker calls the parent to ascertain if the child has seen the specialist and, if not, encourages the parent to follow up. The worker also offers help in locating an appropriate provider. If the child has been referred to a physician for treatment of a very serious condition and the parent cannot be reached by telephone, the Medicaid worker makes a home visit and urges the parent to take the child to a doctor.

Tampa will soon become a pilot site for the Medicaid managed health care system that Vinton describes in his orientation. The new system should help AFDC parents get access to EPSDT because they will be assigned to health care case managers who will be expected to make them aware of the service. But rather than relying solely on this outreach strategy, says Paulette Perkins, the Medicaid office will use Project Independence orientations to complement it. Orientation participants will be told that even if the health care case manager does not stress EPSDT, they should actively inquire about EPSDT services. Perkins adds that when a health care case manager does offer parents EPSDT, they will be more likely to take advantage of the service if they have already become familiar with it in Project Independence.

Using local JOBS programs as one access point to Medicaid makes sense from an employment and training perspective, says Daniel Miller, a state official who manages Project Independence in a five-county area that includes Tampa. "Public assistance is in itself a very complex system for people to master, so there's a tendency in JOBS orientations to pay attention only to information about AFDC," he says. "But we really need to make clients aware of other support systems, including Medicaid, which can be an important source of help to the family trying to become self-sufficient." JOBS case managers have been encouraged to use their follow-up interviews with participants to remind them to use EPSDT and other health services described to them in the orientations. "The orientation is an important first step," says Miller, "so it makes sense for our system to reinforce the message about preventive health care."

Program Contact: Paulette Perkins
Human Services Program Supervisor
Tampa Department of Health Services
(813) 871-7630

The Portland, Oregon Teen Parent Program:
JOBS Services for Teen Parents

The passage of the Family Support Act (FSA) marked the first time that the national AFDC program officially designated young mothers as a priority group for participation in welfare-to-work programs. FSA's emphasis on young mothers reflects a growing recognition that women who have given birth as adolescents are at high risk for long-term welfare dependency. Children born to adolescent mothers are also at risk. They are, for example, more likely to experience school failure, health problems, and developmental delays than children whose mothers gave birth at a later age.[48]

While FSA requires that most pregnant and parenting teens in JOBS attend school, the law leaves open—as it does for all JOBS participants—many questions about what combination and intensity of services adolescents should receive from JOBS programs. For a variety of reasons, including budgetary constraints, complex implementation demands, and little experience in working with a teen parent population, many state and local welfare systems are providing only minimal supports to teen JOBS participants.

Some localities, however, deliver services more in keeping with the two-generation model, providing key health and developmental supports to teens and their children. In Portland, Oregon (Multnomah County), the JOBS program has been able to draw on an unusually comprehensive array of services for teen mothers through the Portland Public Schools Teen Parent Program (TPP). Until they graduate from high school or earn a GED (high school equivalency certification), Portland teens enrolled in the JOBS program receive JOBS services through TPP. Of the approximately 550 teens enrolled in TPP last year, more than half were JOBS participants.

The TPP Model

Now six years old, TPP aims to help pregnant and parenting teens return to and remain in school, and graduate or complete a GED. The program offers highly supportive case management, parenting education, a range of employment and training options, a work/study summer program, and for some teens, school-based child care and health screenings for their children. JOBS Teen Coordinators—welfare case managers designated to work with adolescents—monitor the progress of JOBS-TPP teens, meeting with them at least monthly. However, it is TPP staff who follow the day-to-day activities of these young women as they move through school or a training program. JOBS is an important source of funding for TPP. In addition to providing the standard child care reimbursements

and supportive services to JOBS teens in TPP, JOBS also subsidizes salaries for several TPP professional staff members.

Last May, the Oregon Department of Human Resources held a press conference at a local Portland high school to announce that 91 percent of the Multnomah County teen parents eligible for JOBS and mandated to return to school had done so. TPP was central to this success, according to both welfare and school officials attending the conference. One strength of the program is an active outreach effort to encourage teens to continue their schooling. This work is the responsibility of a subcontractor, an agency called Insights Teen Parent Program. Insights staff work closely with the welfare department, which informs them which out-of-school teens are mandated for JOBS participation. The outreach workers also obtain information on prospective enrollees from staff of the county health department, who visit every teen who delivers a baby in a Portland hospital.

Once Insights staff have identified prospective enrollees, they contact them through letters; follow-up telephone calls; home visits, when letters and calls are unanswered; and special events, such as recreational nights that introduce young women to TPP. "You might expect that since the school system manages TPP, we would do the outreach ourselves," says Mary Bromel, co-director of TPP. "But a teen who has dropped out of school and has negative associations with the system is more likely to respond positively to the overtures of someone from a community agency than to a school official. And in fact, one of the premises of our program is that schools and community organizations need to share responsibility for helping these young women complete an education."

While TPP relies on a mixture of encouragement offered by outreach workers and the mandates of the JOBS program to bring Portland teens back to school, staff believe that neither factor is enough to keep them there. "Many of these teens were alienated from school before they became pregnant," says Mary Bromel. "If we want them to successfully complete school, we need to offer them a number of different kinds of supports and a number of different programmatic choices."

Program Services

For the Portland teen mandated to participate in JOBS, one choice is to enroll in TPP at a regular high school—there are seven with TPP services—where she can attend a daily TPP life skills course. At Jefferson High School she may be able to use an on-site day care center serving 12 infants and toddlers. Teens can also choose to attend an alternative vocational program and a night school, both of which provide some special counseling and guidance for TPP participants.

Young mothers aged 17-21 who are on welfare and have left school are eligible to enroll in the Pivot program, the Portland site of the national New Chance demonstration. This program offers participants GED instruction, job training, and a wide range of support services, including some on-site child care, intensive case management, and an on-site health clinic serving both teens and their children. The 17 sites in the national New Chance demonstration operate under a variety of auspices; the Portland site is managed by the public schools through TPP and operated in partnership with the local Job Corps program. A program serving primarily pregnant and newly delivered teens, which predates TPP, is now coordinated with the Pivot program. Through cooperative arrangements, teens in this program and Pivot share several activities and services, including a child care center.

Project Success

Teens who return to school to enroll in TPP are welcomed into the program with a three-week transitional life skills course called Project Success. "It's important for a returning dropout to have time for reflection on aspects of her future—her goals related not only to school and work but also to her personal life and development," says Sharon White, who teaches the course. "Once she's decided why she's going to go on, she will be more successful in pursuing those goals." Using an adaptation of a curriculum developed by the Manpower Demonstration Research Corporation and additional materials developed by TPP, White helps teens define their education and training needs so that they can decide which of the Portland programs they will enter and which support services they will need.

Pregnant and parenting teens who have not dropped out generally enroll in TPP in the schools they are already attending. According to staff, about half of JOBS teens enter the program through this route. What TPP offers both these students and returning dropouts is a structure to help them succeed in school. With the exception of a minority of teens whose schedules do not permit them to attend the daily TPP life skills course, program participants can use this class as a "home base," becoming familiar with the teacher and their fellow students. The class covers a wide range of topics, including self-esteem and goal setting, child development, and substance abuse prevention. While parts of the course are presented by staff of community agencies with special expertise, its lead teacher and planner is the TPP school liaison. This school system employee is also responsible for overseeing all aspects of TPP in the school building.

"The school liaison position entails much more than teaching a class or even managing a program," says Mary Bromel. "The job really means paying close attention to the teens and their progress." Typifying that approach

to the position, school liaison Gail Westlin observes that while home visits are not technically part of her job description, "I make them whenever I can. It helps me get to know the teens." Each liaison works with a second staff member, the TPP case manager, who assists teens in finding services and runs a weekly support group as part of the life skills class. Case managers, employees of two private agencies, are outstationed to each TPP school building for 15 hours a week under a contract with the school system.

New Chance

One TPP site, the New Chance demonstration project, offers exceptionally enriched supports for JOBS teens and their children. With more generous funding than the school-based TPP sites, New Chance is staffed with two full-time case managers who work with approximately 55 teens at any one time. Case manager Ayanna Patterson is able to spend many hours each week on counseling and crisis intervention and on linking teens to services in the community.

"The case management piece is critical," says Patterson. "Someone needs to be the repository of all program knowledge on each teen or a tremendous amount of time and energy is wasted in trying to retrieve information. And someone needs to be there for the teen." Patterson reports that it is virtually impossible to predict what kinds of problems she will try to solve in a given week. "Recently," she says, "one of our teens lost her bus pass and was finding it difficult to convince her JOBS case manager that she needed a new one because the case manager couldn't find any reference to the school event the teen said she had been attending when it was lost. I was able to call the case manager and give her the exact name and sponsorship of the event and verify that the teen had been there. It sounds like a small thing, but if the teen had remained without a bus pass, she wouldn't have been able to attend school." Patterson adds that another important benefit of such incidents is that she can model problem-solving behavior for teens by making them aware of what she says and does when she approaches staff in other systems on their behalf. "We try to empower, not rescue," she says.

Home Visits

The personal contact of case management is taken a step further in home visits received by the 42 teens who use the on-site child care facility at the program's Pivot-New Chance site. Supported by an unusual combination of school district, state JOBS, and Head Start funds, the child care facility is managed by Parent-Child Services, Inc., an infant-toddler Head Start agency in Portland. "One of the beauties of using Head Start for TPP is that it provides for a family specialist who counsels teens and does home visits," says Mary Bromel.

Patricia Williams, family specialist for the center, believes that the opportunity to see teens and children interact at home greatly strengthens TPP's capacity

to teach parenting skills. "Is it happening at home? That's the key," she says. "A teen may think that she is giving a toddler plenty of freedom to explore, but when I get to the home I may see barricades that don't need to be there. Sometimes there's too much freedom—unsafe conditions. I have the opportunity to present alternatives on the spot." To sharpen her awareness of what areas of parenting should be covered with a particular teen during a home visit, Williams asks day care workers if they have noticed anything about the child's behavior or health that they think should be discussed.

Home visits also offer young mothers personal support. "I don't come in with a rigid agenda," says Williams. "Usually I'll start by asking, 'How did your day go?' Often what I hear about is a problem—maybe a family fight—that affects both the mother and the child. Some teens, she reports—and some grandmothers—have found her visits intrusive, especially at first, but most learn to trust her and welcome the opportunity to talk.

Hands-On Parenting Instruction

While TPP teens who use the on-site child care and receive home visits are given the most concentrated one-on-one assistance with parenting, the overall TPP program does offer teens other chances to practice their parenting skills alongside knowledgeable caregivers. Held once and sometimes twice a month in the life skills classes, Baby Days are a time when teens bring their children to school for observation and play. "This is a wonderful activity," says Mary Bromel, "though naturally, it's difficult to work out the logistics—planning transportation for children in off-site day care and rearranging class schedules."

For teens who do use on-site child care, drop-off and pick-up times and lunchtime visits are all potential learning experiences. "I definitely see improvement in the way teens communicate with their children after they've been around the center for awhile," says one child care worker. "They watch how we talk to the kids and play with them and see that there are other ways besides slapping or losing patience to discipline and distract."

TPP staff consider the on-site child care services one of the greatest strengths of their program. "Oregon does not require school-based child care centers to be certified," says Mary Bromel. "One of the members of our planning committee, though, had a background in early childhood and she said, 'If we're going to do this, let's do it right.' So our centers have a one-to-four teacher-child ratio, and our lead workers and child care director have the kind of training required in certified centers. We think having centers with these kinds of standards makes a big difference."

Teens who do not place children in the on-site centers use an approximately 50-50 mixture of center and family day care, reports Anine Sager of Child Care Support Services, one of two resource and referral agencies contracted

to counsel TPP teens. Sager recruits family day care providers who express a willingness to work with families headed by teen mothers. As an incentive, TPP advances payments to these providers for JOBS participants, and, in turn, waits to be reimbursed by the JOBS program.

Oregon law does not require family day care to be licensed, only registered. While Anine Sager tries to steer teens to good caregiving situations and while she also makes herself available to consult with providers about TPP children, Mary Bromel believes that it would be useful for TPP to offer its family day care providers opportunities for more structured training. Thus far, funds have not been available for such training, nor for the substitute caregivers and transportation that would enable many providers to attend workshops. But Bromel, who has been involved in state planning for the use of funds under the new federal Child Care Block Grant, hopes that some of the funds can be used to support family day care training. She also looks to the block grant to help fulfill the requests made by three principals of TPP schools to create on-site day care centers in their buildings.

Health Services

As with all supports TPP offers, its health care services reflect staff's interest in tapping into a variety of community resources. Compared with teen parent programs in many communities, TPP has a head start because of Multnomah County's policy of sending nurse practitioners to visit every newly delivered teen mother to orient her to preventive health services available in the community. Furthermore, teens in five of the seven TPP schools have ongoing access to health services through school-based clinics open to all students in the building. The Pivot-New Chance program offers teens an on-site health clinic for both themselves and their children. A counselor specializing in prevention of drug and alcohol abuse is also available to work with these teens.

One of the most far-reaching efforts to ensure that children of TPP teens have access to good health care was facilitated by a three-year-old Portland initiative—known as SKIP (Screening Kids, Informing Parents)—that provides health and developmental screens for children from birth to age five. Because teen parents are a difficult group to reach, SKIP arranged screenings at two TPP sites during regular school hours. TPP teachers and staff helped arrange appointments, reminded teens to bring their children in for the screenings, and assisted with transportation.

"It took a tremendous amount of coordination," says Wanda Silverman, who directs the SKIP effort, "because there's a whole team of health specialists who conduct the screenings in addition to their regular jobs, and they had to adjust their schedules for this event. But in the end, approximately 100 TPP children were screened, and we're expecting to reach at least 175 to 200 in this

academic year. What's particularly beneficial about this kind of screening is that it takes place on one day in one building, and parents are expected to be with their children during the whole process. Everything that's done is explained to parents on the spot, and practitioners make suggestions to parents about activities to stimulate the children's healthy development. A social worker reviews the results with parents, and any children with problems picked up by the screen are referred to our county Early Intervention system, if children qualify for that help, or to other community resources." In addition to its usefulness for individual TPP children, the screening was a source of information for TPP staff, says Mary Bromel. Parenting instructors were given feedback on the overall results of the screens and were able to incorporate lessons on prevalent problems, such as ear infections, into their classes.

Currently, SKIP funding comes from a variety of state and local sources. Wanda Silverman reports that in the future the program hopes to use EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) funds to pay for the screens of Medicaid-eligible children. First, however, SKIP and the welfare department must develop a workable system for identifying and enrolling Medicaid-eligible children and for reimbursing providers.

After High School

Viewing TPP as an evolving program, Mary Bromel and her staff seek to improve its services from one year to the next. A past TPP shortcoming, says Bromel, was inadequate provision for helping teens who graduated or completed a GED make the transition to work or post-secondary education. "We had the front-end transition piece in our three-week Project Success workshop that teens attend when they start TPP," says Bromel, "but we weren't doing enough at the other end. The New Chance program did provide funds for a staff member to follow up with New Chance graduates, but there were no resources for staying in contact with other TPP graduates. And for the entire TPP program, there was only one other half-time worker who provided information on careers and counseled teens who were nearing graduation."

To improve the situation, TPP now has a full-time transition coordinator to work with participants on career planning and a half-time case manager to focus on post-high school transition issues for TPP graduates who are not part of the New Chance follow-up caseload. "The post-high school transition coordinator's role is just taking shape," says Mary Bromel. "We are quite certain, though, that with this position in place we'll have much fuller information about how teens manage after they leave us. And the coordinator will also provide hands-on service. For example, we expect she'll be instructing teens on how to fill out applications for financial aid at community colleges."

TPP and JOBS Funding

The work of the post-high school transition coordinator is subsidized by the JOBS program. In addition, JOBS provides funds for two school-based TPP case managers and for the life skills course, Project Success. Along with this funding relationship, JOBS has increasingly strong programmatic connections with TPP. The JOBS case managers who carry teen caseloads are invited to monthly TPP training sessions. "Portland JOBS staff have generally come out of the Income Maintenance system," says Mary Bromel, "and they have had to acclimate themselves to new ways of working with welfare recipients. For JOBS workers with teen caseloads, I think the training has helped. I also think that as a result of the shared training, both JOBS workers and TPP staff have come to understand more about each other's work."

In another joint effort, JOBS and TPP officials are working to strengthen the process of transition between their two systems. "When a JOBS teen is ready to leave us," says Mary Bromel, "our plan is to convene a conference with the post-high school transition coordinator, the teen herself, and the JOBS case manager. The group will develop a common understanding of the teen's plans for work or further education." JOBS case managers are not able to offer teens the kind of individual attention they receive in TPP. But staff of both JOBS and TPP believe that the guidance the TPP graduate has received about how to negotiate large systems along with the ability to call on the transition coordinator for special assistance will help her function successfully in JOBS after graduation from TPP.

"Teens are a high priority for us," says Jean Stryker, regional manager for the Department of Adult and Family Services, which oversees JOBS. "So we've been very fortunate that TPP gave us a strong foundation on which to build the right services for these young women. At the same time, I think that the JOBS connection has helped TPP become more aware of the welfare and employment issues facing these teens. We also believe that if TPP can enable the children of these teen mothers to watch their mothers going to school and planning for productive futures, there will be a much better chance that they won't have to struggle through the same set of problems their parents faced in adolescence."

Program Contact: Mary Bromel
Co-Coordinator
Teen Parent Program
Portland Public Schools
(503) 280-5840

Part III
Sources of Information and Technical Assistance

Working towards the design and implementation of two-generation self-sufficiency programs will require a long-term process of planning, problem-solving, and refinement of strategies that show promise. This section describes resources that may aid these efforts, including organizations that are providing technical assistance and projects that are tracking and disseminating information about JOBS and related programs.

American Public Welfare Association
Institute for Family Self-Sufficiency
Washington, D.C.
(202) 682-0100
Contact: Chris Thomas

The Institute for Family Self-Sufficiency at the American Public Welfare Association conducts policy research related to the Family Support Act and provides technical assistance concerned with case management in the JOBS program. To aid policymakers and practitioners involved in implementing self-sufficiency programs, the institute operates a consultant referral service and an information clearinghouse. Publications about case management and other topics related to the institute's activities will be issued on a regular basis.

Center on Budget and Policy Priorities
Washington, D.C.
(202) 408-1080
Contact: Julie Strawn

The Center on Budget and Policy Priorities studies and promotes strategies to assist low-income families, including education and job training for welfare families, tax credits for working poor families, and reform of the unemployment insurance system. The center develops technical assistance materials and provides direct consultation to policymakers and advocates.

A recent center publication, *The States and the Poor: How Budget Decisions in 1991 Affected Low-Income People*, describes the impact of the recent economic downturn on state programs and services for poor families. In fall 1992, the center will release an update of the report *Making JOBS Work*, which synthesizes research data on welfare employment and training programs and on the changing education and skill requirements for employment in the U.S. economy. The center's update will include new materials on what is known about the effectiveness and impacts of different types of adult education programs.

Center for Law and Social Policy
Washington, D.C.
(202) 328-5140
Contact: Jodie Levin-Epstein

The Center for Law and Social Policy (CLASP) analyzes policies and programs affecting low-income families, and provides technical assistance concerned with several aspects of the Family Support Act, including child support, transitional child care and Medicaid benefits, and services for teen parents. Among the center's recent publications are: *The JOBS Program: Answers and Questions* (a comprehensive reference to the FSA statute and regulations), *Turning Promises into Realities* (a guide to the implementation of FSA child support provisions), and *Babies on Buses* (an analysis of selected states' implementation of JOBS services for teen parents). CLASP's quarterly publication, *Family Matters*, provides policy updates and profiles of welfare-related programs around the country.

Children's Defense Fund
Washington, D.C.
(202) 628-8787
Contact: Olivia Golden

The Children's Defense Fund (CDF), a leading national advocacy organization for children and families, disseminates information and provides policy analyses and technical assistance on a variety of issues concerning children, including child care, health, and income policies. In 1992 CDF will publish a series of reports on state child care policies and programs, including FSA child care. Forthcoming publications on health issues will include a report on state implementation of the 1989 EPSDT (Early and Periodic, Screening, Diagnosis, and Treatment) program amendments, which significantly expanded the scope of benefits to which Medicaid children are entitled; and a report on using EPSDT and Medicaid to finance early intervention services for children. Also in 1992, CDF plans to issue reports on the health of America's children and on adolescent pregnancy and parenthood.

The Council of Governors' Policy Advisors
Washington, D.C.
(202) 624-5386
Contact: Barbara Dyer

The Council of Governors' Policy Advisors (CGPA) works to improve the quality and effectiveness of governing states. Through its Policy Academies, technical assistance, and research, CGPA is focusing on statewide policies and mechanisms to improve the well-being of families. Two recent books, *Strengthening Families* and *Getting Results*, detail comprehensive approaches for developing family policy and building accountability systems.

The Harvard Family Research Project
Cambridge, Massachusetts
(617) 495-9108
Contact: Heather Weiss

The Harvard Family Research Project conducts research and disseminates information on family support and education programs. Publications from the project include *Pioneering States: Innovative Family Support and Education Programs;* and *Raising Our Future: Families, Schools, and Communities Joining Together,* a forthcoming resource guide that provides information about 77 family support programs.

Head Start Bureau
U.S. Department of Health and Human Services
Washington, D.C.
(202) 245-0560
Contact: Rossie Kelly

The Head Start Bureau provides technical assistance to Head Start grantees and develops program resource materials in the areas of health, social services, and education. The bureau's recently released *Head Start Substance Abuse Guide: A Resource Handbook for Head Start Grantees and Other Collaborating Community Programs* provides information on how to develop comprehensive strategies to address families' substance abuse problems.

Manpower Demonstration Research Corporation
New York, New York
(212) 532-3200
Contact: Kay Sherwood

The Manpower Demonstration Research Corporation (MDRC) is a research organization that designs and evaluates employment and training programs. In its Multistate Technical Assistance Collaborative, MDRC is drawing on lessons from previous welfare-to-work experiments to help a select group of states implement the JOBS program. Papers from this project include: *Key*

Decisions in Implementing JOBS: Lessons from California's GAIN Program, and *Finding Funding for JOBS: Some Strategies for Increasing Program Resources.*

MDRC is currently conducting major evaluations of JOBS and of the New Chance teen parent programs. Both evaluations will include information about program impacts on children. MDRC regularly publishes reports on its studies. *From Welfare to Work* (Russell Sage Foundation, 1991) summarizes findings from numerous MDRC studies of pre-FSA welfare-to-work programs. MDRC recently published *New Chance: Implementing a Comprehensive Program for Disadvantaged Young Mothers and Their Children.*

MAXIMUS, Inc.
Falls Church, Virginia
(703) 734-4200
Contact: Deborah Chassman

MAXIMUS provides training and technical assistance at the local, state, and federal levels in the areas of JOBS program design, services coordination, child care, supportive services, and automated systems. These activities are carried out as part of the JOBS technical assistance contract that the U.S. Department of Health and Human Services awarded to the National Alliance of Business. MAXIMUS prepares technical assistance materials for its training sessions. One forthcoming publication, *Service Coordination Handbook*, will present information on federal programs, funding sources, and program regulations that are relevant to service coordination in JOBS. This handbook will be available in spring 1992.

The National Association for the Education of Young Children
Washington, D.C.
(202) 232-8777
Contact: NAEYC Information Service

The National Association for the Education of Young Children (NAEYC) is dedicated to improving the quality of care and education provided to young children. In addition to the bimonthly journal, *Young Children*, NAEYC publishes books, brochures, and videos. Through its Information

Service, NAEYC also provides individualized resource materials. Valuable information about the characteristics of high quality early childhood programs is contained in two NAEYC publications, *Developmentally Appropriate Practice in Early Childhood Programs That Serve Children from Birth through Age Eight* and *Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages Three to Eight.*

The National Association of Child Care Resource and Referral Agencies
Rochester, Minnesota
(507) 287-2220
Contact: Tutti Sherlock

The National Association of Child Care Resource and Referral Agencies (NACCRRA) works to develop a child care system characterized by high quality services, opportunities for parental choice of child care, and equal access to services for all families. NACCRRA is a source of information on federal child care legislation and changes in the child care delivery system. The organization also maintains a listing of local child care resource and referral agencies.

National Center for Children in Poverty
Columbia University School of Public Health
New York, New York
(212) 927-8793
Contact: Carole Oshinsky

The National Center for Children in Poverty works to strengthen programs and policies for young children and their families living in poverty. The center collects, analyzes, and disseminates information to professionals and policymakers on early childhood care and education, maternal and child health, and the integration of services for children and families. The center maintains a library on these and related topics and has recently established a national clearinghouse on community-based service integration. Center publications include: *Five Million Children: A Statistical Profile of Our Poorest Young Citizens; Alive and Well: A Research and Policy Review of Health Programs for Poor Young Children* and *Child Care Choices, Consumer Education and Low-Income Families* (forthcoming).

National Center for Clinical Infant Programs
Arlington, Virginia
(703) 528-4300
Contact: Abbey Griffin

The National Center for Clinical Infant Programs (NCCIP) seeks to promote the health and development of children from birth to age three. NCCIP's Better Care for the Babies Project is an effort to help states improve early childhood services for disadvantaged infants and toddlers. The project is providing technical assistance to high-level teams of administrators in three states—Florida, Illinois, and Utah —and is conducting case studies of the project in those states.

Better Care for the Babies produces technical assistance background papers that serve both the three technical assistance states and a larger national audience. "Whole Babies, Parents, and Pieces of Funds: Funding Comprehensive Services for Infants and Toddlers" describes a variety of federal funding streams, including FSA funding, available for child care. "Head Start and Medicaid: A New Marriage for the 1990's" describes the expanded mandate of the Medicaid program and its potential for supporting Head Start's health-related activities.

The National Center for Family Literacy
Louisville, Kentucky
(502) 584-1133
Contact: Meta Potts

The National Center for Family Literacy works toward the expansion of programs that can solve the nation's literacy problems. The center provides training and technical assistance and conducts research that can lead to the design of effective family literacy programs. The center's most recent publication, *A Strengths Model for Learning in a Family Literacy Program*, offers guidelines for teachers and program implementers.

National Governors' Association
Washington, D.C.
(202) 624-5300
Contact: Linda McCart

A recently released report of the National Governors' Association, *Promising Ideas: Promoting Family Self-Sufficiency*, provides information about programs that support and enhance families' well-being. The report identifies over 30 state and local initiatives that are designed to promote family self-sufficiency. Many of the programs described in the report are JOBS programs or include JOBS services.

Nelson A. Rockefeller Institute of Government
Albany, New York
(518) 442-5360
Contact: Ling Wang

The Rockefeller Institute of Government is conducting a ten-state, three-year study of JOBS implementation at the state and local levels. All aspects of the JOBS program will be studied, including state JOBS plans and administrative processes, case management and service delivery at local sites, and clients' experience of the program. The project's first report, focusing on state-level implementation, will be available in spring 1992. Later reports will cover specific aspects of JOBS implementation and results of a client survey that provides information on clients' perceptions of how JOBS has affected the well-being of their children. Principal investigators are Jan Hagen and Irene Lurie.

Southport Institute for Policy Analysis
Washington, D.C.
(202) 682-4100
Contact: Renee Woodworth

The Southport Institute for Policy Analysis (SIPA) provides policy analyses of issues relating to human resource development. SIPA is currently conducting a study of basic skills instruction in the JOBS program. Products of the study, to be released in 1992, include a report on focus

groups with welfare recipients, which contains information on parents' views of how their JOBS participation has affected their children; results of a national survey on education and training components in JOBS; a report on in-depth case studies of JOBS education and training in five states; and a paper on basic skills instruction in JOBS, which will contain policy recommendations.

The Urban Institute
Washington, D.C.
(202) 833-7200
Contact: Demetra Nightingale

The Urban Institute is a nonprofit policy and research organization that investigates the social and economic problems confronting the nation and government policies designed to alleviate them. The institute periodically updates its "Materials and Sources Related to the Family Support Act," a list of resources helpful in understanding FSA and related initiatives. The institute is also working on a forthcoming series of papers, to be issued in 1992, about the implementation of FSA during the first two years after its passage. One of the papers will focus on the implications of FSA for the well-being of children.

Conclusion

The two-generation model described in this report suggests a new direction for welfare-to-work programs and for child and family services that could be coordinated with these programs. Clear evidence that it is now possible to move in this direction is provided by the federal, state, and local program initiatives described in these pages. Combined with other important reforms not highlighted in this report—such as improved child support enforcement and the development of services for noncustodial fathers—these efforts can offer families a strong set of supports designed to remove major obstacles to self-sufficiency and major impediments to healthy child development.

Monitoring progress toward the development of two-generation interventions requires a lens through which diverse family needs and the adequacy of available supports to address these needs can be examined. The following indicators summarize the important features of a two-generation intervention and may be useful in program development, advocacy, and policy initiatives. These indicators can provide a framework for assessing the capacity of a JOBS program to support children's health, development, and prospects for school success and future self-sufficiency. At the same time, the indicators reflect goals for JOBS that can only be achieved through coordination with other human service systems and programs. Therefore, the indicators are best used to examine the performance of collaborations among multiple institutions and programs, including JOBS, that are concerned with the well-being of at-risk children and their families.

FIVE INDICATORS: How Well Does JOBS Support Children's Health, Development, and Prospects for School Success and Future Self-Sufficiency?

1. Is the JOBS program guided by explicit policy objectives that include the goal of actively supporting children's healthy development?
2. Do training activities provide clear guidance to front-line workers about how JOBS and related services can address child and family needs?
3. Does the JOBS employability assessment seek to identify basic needs of children and family circumstances that affect children's well-being?
4. Is the JOBS program coordinated with other essential child and family services so that JOBS participants and their children have access to needed supports? **Does this coordination create a network of JOBS and JOBS-related services that includes the major components of a two-generation intervention?**
   - assessment of child and family needs
   - high quality child care and early childhood education
   - services that strengthen parenting
   - preventive health care for children and parents
   - self-sufficiency services leading to adequate-wage employment
   - case management supporting the dual goals of self-sufficiency and the well-being of participants' children
5. Are key program administrators, representing a range of child, family, and adult self-sufficiency services, organized to work together on improvements in the JOBS program that lead to stronger support for both family self-sufficiency and children's healthy development?

There is still much to learn about the kinds of services that will be most helpful to families with different characteristics and needs. Nevertheless, a two-generation model of intervention reflects our current knowledge of conditions that are likely to help parents move from welfare to work and to support the well-being of children and the development of their social and academic competencies. This knowledge has informed many of the new two-generation Head Start and family literacy

program models, and is beginning to influence the implementation of JOBS. Taken together, our improved understanding of pathways out of poverty, and the emergence of new program models and funding streams, create the best opportunity in decades to transform assistance to welfare-dependent families in ways that benefit children.

Endnotes

1 N. Zill, K. A. Moore, E. W. Smith, T. Stief, and M. J. Coiro, *The Life Circumstances and Development of Children in Welfare Families: A Profile Based On National Survey Data* (Washington, D.C.: Child Trends, 1991).

2 Zill *et al.*, 1991.

Unpublished statistical tables (Washington, D.C.: Child Trends, 1991)

3 Children's Defense Fund, "Child Poverty Worsens in 1990," *CDF Reports* 13:2 Washington, D.C., November 1991.

4 A. Sherman and A. W. Houseman, *Welfare Reform and the Education Provisions: Programmatic Options and Considerations, Preliminary Analysis* (Washington, D.C.: Center for Law and Social Policy, 1989).

5 D. L. Johnson, T. B. Walker, and G. Rodriguez, "Enhancing the Vocational Prospects of Low-Income Hispanic Mothers: Results of a Family Support Program," Paper presented at the biennial meeting of the Society for Research in Child Development, Seattle, April 1991.

J. Brooks-Gunn, "Opportunities for Change: Effects of Intervention Programs on Mothers and Children," unpublished paper available from the Center for the Study of Children and Families, Teachers College, Columbia University.

6 *Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children* (Washington, D.C.: National Commission on Children, 1991).

7 "Research and Grants on Issues Related to Children and Youth, 1986-1991," report sponsored by the Division of Children and Youth Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, October 1991.

8 J. K. Chynoweth and B. R. Dyer, *Strengthening Families: A Guide for State Policymaking* (Washington, D.C.: Council of Governors' Policy Advisors, 1991).

9 Two JOBS programs that use assessment protocols with a strong family orientation are the Denver Family Opportunity program, described in Part II (program contact: Alana Smart) and the STRIDE program in Stillwater, Minnesota (program contact: Jean Smith).

10 *Family Support Act Training Manual* (Chicago: Family Resource Coalition, forthcoming summer 1992)

11 J. Cortez, C. L. Young-Holt, P. Mangione, and J. R. Lally, eds., *Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care* (Sacramento: California Department of Education, forthcoming summer 1992).

12 L. Klerman, with M. Parker, *Alive and Well? A Research and Policy Review of Health Programs for Poor Young Children* (New York: National Center for Children in Poverty, Columbia University School of Public Health, 1991).

13 G. Nayowith and K. Noonan, "The Part H-EPSDT Connection," *Early Intervention Advocacy Network Notebook*, Mental Health Law Project, Issue Paper No. 5, (Washington, D.C., October 1991).

14 Nayowith and Noonan, 1991.

15 Telephone interviews with Paul Timm-Brock and Katherine Lamp, Minnesota Department of Human Services.

16 C. D. Hayes, J. L. Palmer, and M. J. Zaslow, eds., *Who Cares for America's Children?: Child Care Policy for the 1990s* (Washington, D.C.: National Academy of Sciences, National Academy Press, 1990).

17 Telephone interview with Kate Warren, Bananas resource and referral agency, Oakland, California.

18 Telephone interview with Melinda Green, the Child Care Connection, Trenton, New Jersey.

19 Telephone interviews with Rose Smith, Chattanooga Human Services; Wendy Wilson, Knox County Community Action Agency; Janet Camp and Gail Panovec, Tennesee Department of Human Services.

20 Telephone interview with Karen Sullivan, Head Start in Newport, Rhode Island.

21 Telephone interviews with Barbara Van Burgel, Maine Department of Human Services; and Lillian O'Brien, ASPIRE Program in Lewiston, Maine.

22 Telephone interview with Eileen Locke, Head Start in Chattanooga, Tennessee.

23 Johnson, Walker, and Rodriguez , 1991.

24 V. C. McLoyd, "The Impact of Economic Hardship on Black Families and Children: Psychological Distress, Parenting, and Socioemotional Development," *Child Development* 61:2, 1990.

25 D. Powell, *Families and Early Childhood Programs*, National Association for the Education of Young Children research monograph, vol. 3, Washington, D.C., 1989.

26 Telephone interview with Gerry Card, New Directions High School, Sarasota, Florida.

27 K. M. Devlin, "Kentucky's Parent and Child Education (PACE) Program," *Innovations* (publication of the Council of State Governments), June 1991.

Abt Associates and RMC Research Corporation, *National Evaluation of the Even Start Family Literacy Program: First Year Report* (Washington, D.C.: Office of the Under Secretary of the U.S. Department of Education, October 1991).

28 Telephone interviews with Vonnie Fi[illegible] and Marilyn Stewart, San Diego GAIN program.

29 D. J. Besharov, "New Start for Head Start," *American Enterprise*, March 1992, Washington, D.C., American Enterprise Institute.

30 H. Weiss and R. Halpern, *Community-Based Family Support and Education Programs: Something Old or Something New?* (New York: National Center for Children in Poverty, Columbia University School of Public Health, 1990).

31 R. Streett, "Family Support and Its Place in the Service Delivery System," draft paper of the Maryland Committee for Children, 1991.

32 Klerman, 1991.

N. Goldstein, "Explaining Socioeconomic Differences in Children's Cognitive Test Scores," discussion paper no. H-90-1, Center for Health and Human Resources Policy, John F. Kennedy School of Government, Harvard University, 1990.

33 D. Polit and J. O'Hara, "Support Services," in P. Cottingham and D. Ellwood, eds., *Welfare Policy for the 1990s* (Cambridge, MA: Harvard University Press, 1988).

34 Klerman, 1991.

35 N. Zill, K. A. Moore, C. W. Nord, and T. Stief, *Welfare Mothers as Potential Employees: A Statistical Profile Based on National Survey Data* (Washington, D.C.: Child Trends, 1991).

36 Polit and O'Hara, 1988.

37 *Improving Health Programs for Low-Income Youths*, (Washington, D.C.: Children's Defense Fund Adolescent Pregnancy Clearinghouse, July 1990).

38 J. M. Gueron and E. Pauly, *From Welfare to Work* (New York: Russell Sage Foundation, 1991).

39 Gueron and Pauly, 1991.

40 Telephone interview with James Massey, Lafayette Courts Family Development Center, Baltimore, Maryland.

C. Bruner, "Iowa's Family Development Grant Program: Integrating Family Support and Education with Welfare-to Work," paper available from the Child and Family Policy Center, Des Moines, 1990.

41 "Summary of JOBS Program," state-by-state tabulation of selected characteristics of JOBS programs prepared by the Administration for Children and Families, Office of Family Assistance, U.S. Department of Health and Human Services, 1991.

42 Telephone interview with Liz Ferbert, Lewis and Clark Community College Mentoring Program, Godfrey, Illinois.

43 T. Herr and R. Halpern, "Changing What Counts: Re-Thinking the Journey Out of Welfare," Project Match report, Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois, 1991.

44 Telephone interview with Toby Herr, Project Match, Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois.

45 Polit and O'Hara, 1988.

46 J. V. Hoskins, J. M. Orrben, C. Schweigert, and G. Magill, "The Denver Family Opportunity Program Case Management Manual," Denver Family Opportunity Program, 1990.

47 "Collaboration of Pre-School Programs in Maryland: A Beginning Discussion," working draft paper of the Maryland Committee for Children, May 1991.

48. B. C. Clewell, J. Brooks-Gunn, and A. A. Benasich, "Evaluating Child-Related Outcomes of Teenage Parenting Programs," *Family Relations*, April 1989.

Appendix
The JOBS Program: Background and Synopsis

The Family Support Act of 1988 seeks to improve the lives of poor families through two major strategies—strengthening the nation's child support system and creating new opportunities for welfare recipients to become self-sufficient through the JOBS program.

This appendix presents background to the Family Support Act and summarizes the provisions of Title II of the legislation, which establishes the JOBS program, and Title III, which covers supportive services under JOBS.

Background

The Aid to Families with Dependent Children (AFDC) program, established by the Social Security Act of 1935, provides cash welfare payments to single-parent families, usually female-headed. In addition, states have been permitted, and under the Family Support Act are required, to provide benefits to two-parent families with incomes below eligibility levels set by the states in which the principal wage earner is unemployed.

The federal government pays a little more than half of AFDC costs. Within broad federal guidelines, program administration, benefit levels, and eligibility standards are state responsibilities. Benefits are not indexed to inflation, and the real value of the median state AFDC monthly benefit for a family of four fell by more than 42 percent between 1970 and 1991.[1] Virtually all states define the monthly costs of a family's basic needs as below the poverty line; and actual benefit levels, which vary widely among states, are often set well below that standard.

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[1]U.S. House of Representatives Committee on Ways and Means, *Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means* (Washington, D.C.: U.S. Government Printing Office, 1991) p. 605.

Originally, AFDC was conceived as a means of assisting children whose mothers were widowed, with benefits allowing these mothers to stay at home while raising their children. Over the years, however, the program came to serve primarily families with separated, divorced, or never-married mothers. When the AFDC program commenced, most mothers of young children stayed at home, but by the mid 1980's, over half of married women with children under age six were in the paid workforce.

These changes, combined with growing concerns about persistent poverty and welfare dependency, set the stage for efforts to reform AFDC by transforming it from a cash benefit program into a system that also helped welfare mothers become self-sufficient. The first major AFDC work program, the Work Incentive (WIN) program, was established in 1967. With some exceptions, AFDC recipients with children age six and over were required to register for WIN. Funding limitations, however, significantly restricted the ability of the states to develop WIN services.

In 1981, Congress permitted states greater discretion in the way they designed and operated WIN programs. Despite continued funding limitations, a number of states took advantage of this opportunity by making new or increased use of such techniques as structured job search requirements, community work experience (work in exchange for benefits), and work supplementation (the use of AFDC payments to subsidize jobs for recipients). A few states established programs that gave greater emphasis to education and training and provided more resources for support services.

This growing state interest in experimenting with welfare-to-work initiatives was one impetus for the 1988 enactment of the Family Support Act. Another factor contributing to support for the legislation was the evaluation of a group of new state welfare-to-work programs carried out by the Manpower Demonstration Research Corporation (MDRC). According to MDRC, studies of these programs provided grounds "both for optimism and caution." Results showed that the programs studied "were generally successful in getting more people to work and in assuring that a greater share of their total income came from their own earnings, rather than public transfers." Generally, MDRC reports, "these low-to moderate-cost programs led to 10 to 30 percent increases in employment rates and earnings (calculated as averages across all members of the targeted population in the caseload)."[2]

A third important source of interest in welfare reform was the effort of human service commissioners, reflected in the *One Child in Four* report published by the American Public Welfare Association, to propose solutions to

[2] J. M. Gueron and E. Pauly, *From Welfare to Work* (New York: Russell Sage Foundation, 1991) p. 140.

the problem of rising rates of childhood poverty. A related impetus for change was public concern about the need for a productive U.S. workforce. As the proportion of young people in the nation's population decreased, more attention was focused on the wasted potential of unemployed welfare recipients, and on that of their children, who might grow up without benefit of family role models for labor force participation.

It was against this background that the Family Support Act was passed. The final regulations for implementing the law, issued in October 1989, describe its overall purpose:

> *The Family Support Act embodies a new consensus that the well-being of children depends not only on meeting their material needs, but also on the parent's ability to become economically self-sufficient. The Statute assumes that full self-sufficiency and family responsibility are necessary and achievable goals. The Statute further recognizes the mutual obligations of parents, who are currently dependent, to work toward self-sufficiency through private employment, and of the government to support that effort.*[3]

According to one summary of its provisions, FSA "puts federal muscle (both funds and sanctions) behind trends that have been taking shape for a number of years."[4]

The Family Support Act[5]

Title II: Job Opportunities and Basic Skills Training (JOBS) Program

Under the 1988 Family Support Act legislation, all states must establish and operate a JOBS program, the purpose of which is to assure that needy families with children obtain the education, training, and employment necessary to avoid long-term welfare dependency. States have a great deal of latitude in designing their programs, but all must be approved by the Secretary of

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3Preamble to final JOBS regulations. 54 *Fed. Reg.* 42148 (October 13, 1989).

4*Focus*, Institute for Research on Poverty of the University of Wisconsin, (Winter, 1988-89).

5The following summary of the provisions of the JOBS program is based on or excerpted from *Focus* (Winter 1988-89); and *W-Memo*, American Public Welfare Association (November 19, 1988). Information on the final regulations for the act included in the summary is drawn from *W-Memo* (December 1, 1989).

the U.S. Department of Health and Human Services (HHS) at least once every two years. By October 1, 1992, a JOBS program must be operating in each political subdivision of the state where it is feasible to do so.

The state agency in charge of AFDC must assess each participant's need for educational, child care, and supportive services; her work experience and skills; and her family circumstances. In consultation with the individual, the state agency must develop an employability plan describing the activities in which she will participate and the JOBS services to be provided. Information must be provided on available child care and, upon request, the state agency must provide assistance in obtaining child care services for individuals required to participate in the JOBS program.

The JOBS program must include education, job skills training, job development and placement, and job readiness activities. At least two of the four following options must be provided: job search, a community work experience program (CWEP) or other work experience program, work supplementation, and on-the-job training. Post-secondary education may also be offered; and other education, training, and employment activities can be provided, if approved by the HHS Secretary.

Up to five states are permitted to operate demonstrations that will provide services under the JOBS program to unemployed noncustodial parents who are unable to meet their child support obligations.

Participation

To the extent that the JOBS program can be made available, all nonexempt AFDC recipients are required to participate if they have child care.[6] Applicants and exempt recipients are allowed to volunteer.

Exempt individuals are those who are ill, incapacitated, of advanced age, needed at home to care for another household member, already working 30 hours or more weekly, under age 16 or a full-time student, in at least the second trimester of a pregnancy, living in an area where the JOBS program is not available, or—except in the case of parents under age 20—the single caretaker of a child under age 3 (or, at state option, a child younger than age 3, but not younger than 1).

Parents under age 20 without high school diplomas must participate in educational activities unless such participation is considered inappropriate for a certain individual. Regardless of the age of their children, these participants can be required to take part in educational activities on a full-time

[6]In practice, states have thus far lacked the resources to serve all eligible persons.

basis. With the exception of these parents, mandatory participation for a single parent or other relative caring for a child under age six must not exceed 20 hours per week.

Those required to participate who fail to do so or who refuse to accept legitimate employment offers without good cause are subject to sanctions: their AFDC payments are to be reduced by the amount that is considered to cover the adults' needs, and if possible, the payments are made to a third party. For a first failure to comply, the sanctions are to continue until the individual participates in the program; for a second failure, the sanction will last until the individual cooperates or for three months, whichever is longer. For a third failure the sanction will last until the individual cooperates or for six months, whichever is longer. When a person who fails to participate lives in a family containing two adults, both may lose their portion of the AFDC benefit.

Funding

The federal government pays 90 percent of JOBS expenditures up to the amount of each state's WIN allotment for fiscal year 1987 (which came to $126 million for all the states). In addition, it reimburses states at the Medicaid matching rate[7] (but never less than 60 percent) for nonadministrative costs and costs of personnel working full time on the JOBS program, and at 50 percent for administrative costs, transportation, and supportive services other than child care.

In an effort to encourage states to focus their efforts on the groups most likely to become long-term recipients, the law stipulates that federal matching will be reduced to 50 percent unless at least 55 percent of the funds are spent on the following target groups: (1) families in which the custodial parent is under age 24, has not completed high school, and is not enrolled in school at time of application; (2) families in which the custodial parent is under age 24 and has had little or no work experience in the previous year; (3) families who have received assistance for more than 36 months during the preceding five years; or (4) families in which the youngest child is within two years of being ineligible for assistance because of age. Within the target groups, states are required to give first consideration to volunteers.

Federal funding will also be reduced unless states meet participation rates ranging from 7 percent in fiscal year 1991 to 20 percent in fiscal year

[7] The Medicaid matching rate—the percentage of Medicaid paid by the federal government—varies by state and is inversely related to per capita income. It ranges from 50 to 80 percent.

1995. In addition, beginning in fiscal year 1994 federal funding will be reduced to 50 percent if the state does not meet special participation rates for members of AFDC-UP (two-parent) families.

Title III: Supportive Services for Families

The act requires states to guarantee child care for each family with a dependent child if such care is determined to be necessary for a parent to accept employment, remain employed, or participate in an approved education, training, or work activity.

The act requires states to guarantee child care for 12 months following the month a family becomes ineligible for AFDC due to increased earnings, increased hours of employment, or loss of earned income disregards (the amount of monthly earned income that the law allows the program to disregard in calculating the size of the benefit). Families are required to contribute to the cost of this "transitional" child care according to a state-established sliding fee scale based on ability to pay.

States may guarantee child care by providing it directly, purchase of service contracts or vouchers, providing cash or vouchers in advance, reimbursing the family in cash or through use of the child care disregard (the amount of earnings that can be set aside for child care before the size of the grant is reduced), or other arrangements determined appropriate by the state.

When the state agency arranges for child care, it must take into account the individual needs of the child. The regulations state that if more than one type of care is available, parents or caretaker relatives must be able to choose the type that they prefer.

Federal reimbursement for child care provided during participation in education, training, and employment, as well as during the 12-month transitional period, is provided as an open-ended entitlement not subject to the ceiling on JOBS program funds. The federal matching rate is set at each state's Medicaid matching rate.

If a state makes payments to the family for the cost of child care, the payment must not fall below the lower of the actual cost of such care or the child care disregard of $175 per month for children aged two and over, or $200 per month for children under age two. The maximum payment may not exceed the local market rate as determined by a state survey or sample of providers or slots that cover all political subdivisions of local child care markets. Furthermore, federal regulations generally limit the availability of federal matching funds to no more than the 75th percentile of the local market rate.

The final regulations preclude the use of federal funds for recruitment and training of child care providers, licensing, or resource development. The preamble clarifies, however, that funding at the 50 percent match rate is available for development of resource and referral systems for AFDC families and the costs of matching recipient needs to available resources.

According to the regulations, federal reimbursement for child care is not allowed for the care of children aged 13 and over, except when the children are physically or mentally incapable of self-care, would be AFDC recipients except for their receipt of Supplemental Security Income or foster care payments, or are under court supervision.

To be eligible for federal reimbursement, child care must meet applicable standards of state and local law and allow parental access. States must also establish procedures to assure that center-based child care is subject to state and local requirements designed to ensure children's basic health and safety, including fire protection. States must also endeavor to develop similar guidelines for family-based child care.

The act authorizes $13 million in each of fiscal years 1990 and 1991 for grants to states to improve their child care licensing and registration requirements and procedures and to monitor the provision of child care to AFDC children.

States are required to provide payment or reimbursement for transportation and other work-related expenses or supportive services that are determined to be necessary for an individual's JOBS participation.

Families losing AFDC eligibility because of increased employment or earnings or loss of an earned income disregard will remain eligible for Medicaid for up to a year. During the second six months of the period, states may charge families premiums for this coverage if family income exceeds the federal poverty line.